

**Household Assessment 2023  
Additional Household Members**

Full Name					
Relationship to HOH					
Date of Birth					
Gender					
Primary Language					
Military Status	Vet Active N/A	Vet Active N/A	Vet Active N/A	Vet Active N/A	Vet Active N/A
Disabled	Yes No	Yes No	Yes No	Yes No	Yes No
Latino or Hispanic	Yes No	Yes No	Yes No	Yes No	Yes No
<b>Race</b> A. White B. Black/African American C. American Indian/Alaskan Native D. Asian E. Native Hawaiian/Other Pacific Islander F. Multi-racial/Biracial G. Other	Choose an option from the list on the left				
<b>Education</b> A. 0-8 <sup>th</sup> grade B. Some High School C. GED/HiSET D. High School Diploma E. 12+ Some Post-Secondary F. 2 or 4 year college G. Graduate or post-secondary H. Other	Choose an option from the list on the left				
<b>Employment</b> A. Full time B. Part time C. Retired D. Unemployed (3 months) E. Unemployed (6+ months) F. Not in the labor force G. Migrant seasonal farm worker	Choose an option from the list on the left				
<b>Health</b> A. MassHealth (Medicaid) B. Medicare C. HealthConnector D. Employer provided E. Military health care F. Private health insurance	Choose an option from the list on the left				

