



Yolo Health and Human Services Agency | Mental Health Services Act (MHSA)

MHSA Program Demographics Form

1.) What is your Age Group?

- 0 -15 (Children), 16 -25 (Transition Age Youth), 26-59 (Adult), 60+ (Older Adult), Prefer Not to Answer

2.) What is your race/ethnicity? (Select all that apply.)

- African/African American/Black, American Indian or Alaska Native, Hispanic or Latino, Asian, Pacific Islander, White, Other, Prefer Not to Answer

3.) What is your Preferred Language? (Select all that apply)

- English, Spanish, Russian, Other, Spoken | Written

4.) What is your Sexual Orientation?

- Gay or Lesbian, Bisexual, Prefer Not to Answer, Heterosexual or Straight, Queer, Questioning/Unsure of Sexual Orientation, Another Sexual Orientation

Continued on back ->

FOR ADMINISTRATIVE USE ONLY:

Date: _____

Program Name: _____



5a.) Do you have a disability?

A disability is a physical or mental impairment or medical condition lasting at least six months that substantially limits major life activity, which is not the result of severe mental illness.

- Yes No Prefer Not to Answer

5b.) If you chose yes for 6a., please help to categorize your disability. (Select all that apply)

Communication

- Difficulty Seeing
 Difficulty Hearing or having speech understood
 Other, explain: _____

Mental not including mental illness

(Includes but not limited to learning disabilities, development disabilities, and dementia.)

Physical mobility

Chronic Health Condition (Includes but not limited to chronic pain.)

Other, Specify: _____

6.) Are you a Veteran or have you ever served in the military?

- Yes No Prefer Not to Answer

7.) What is the sex you were assigned at birth?

- Female Male Prefer Not to Answer

8.) What is your current Gender Identity?

- Female Questioning or unsure of gender identity
 Male Another Gender Identity
 Transgender Prefer Not to Answer
 Genderqueer

9.) Help us to determine your relationship to mental health?

- Mental Health Client/Consumer
 Family member of Mental Health Client
 Not Applicable
 Prefer Not to Answer

Comments:

Thank you for providing the information in this survey!