Paned 15

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 | ☐ Asian | ☐ White |
| | ☐ African American | \square Asian Indian/South Asian | Non Hispanic/Latino |
| | ☐ African (Specify) | ☐ Chinese | ☐ Eastern European |
| | ☐ Other African/Black | ☐ Cambodian | ☐ European |
| | (Specify) | ☐ Filipino | ☐ Middle Eastern |
| | | ☐ Japanese | ☐ Russian |
| | ☐ American Indian or Alaska Native | ☐ Korean | □ Ukranian |
| | ☐ Alaskan Native | ☐ Vietnamese | \square Other White/Caucasian |
| | ☐ American Indian | ☐ Other Asian | (Specify) |
| | (Specify) | (Specify) | |
| | ☐ Pacific Islander | ☐ Other (Specify) | ☐ Prefer Not to Answer |
| | ☐ Native Hawaiian | Hispanic or Latino | |
| | ☐ Other Pacific Islander | ☐ Caribbean | |
| | (Specify) | ☐ Central American | |
| | | ☐ Mexican/Chicano/ | |
| | | Mexican-American | |
| | | ☐ Puerto Rican | |
| | | ☐ South American | |
| | | ☐ Other Hispanic/Latino | |
| | | (Specify) | |
| 3a.) | What language should we write to you in? | | |
| | ☐ English | ☐ Spanish | ☐ Russian |
| | □ Other | | |
| 3b.) | What language do you want us to speak to y | | _ |
| | ☐ English | ☐ Spanish | Russian |
| | Other | | |
| * 4. | What is your Sexual Orientation? | | |
| | ☐ Gay or Lesbian | ☐ Bisexual — | ☐ Prefer Not to Answer |
| | ☐ Heterosexual or Straight | Queer | □ N/A: I am a minor who is |
| | ☐ Questioning/Unsure of Sexual Orientation | ☐ Another Sexual Orientation | exempt from answering this question. |
| | | | Continued on back \rightarrow |
| FOR | ADMINISTRATIVE USE ONLY: | | |

Program Name: _____

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^{*}Denotes this question not applicable for children under 12 and minors under 18 when applicable.

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

MHSA Program Demographics Form

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 5a., 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: | | | | | |
| ^k 6.) | Are you a Veteran or have you ever served in | • | _ | | |
| | ☐ Yes | □ No | ☐ Prefer Not to Answer | | |
| | □ N/A: I am a minor who is exempt from answering this question. | | | | |
| 7.) | | | | | |
| | ☐ Female | ☐ Male | ☐ Prefer Not to Answer | | |
| [*] 8.) | What is your current Gender Identity? | | | | |
| | ☐ Female | ☐ Questioning or unsure of | ☐ N/A: I am a minor who is | | |
| | ☐ Male | gender identity | exempt from answering this | | |
| | ☐ Transgender | ☐ Another Gender Identity | question. | | |
| | ☐ Genderqueer | ☐ Prefer Not to Answer | | | |
| 9.) | Help us to determine your relationship to me ☐ Mental Health Client/Consumer ☐ Family member of Mental Health Client ☐ Not Applicable ☐ Prefer Not to Answer | ental health? | | | |
| LO.) | Where do you reside? | | | | |
| | ☐ Brooks | ☐ Knights Landing | ☐ Yolo | | |
| | ☐ Clarksburg | □Madison | \square Other in county | | |
| | Davis | ☐ Sacramento (Board and Care | · · · · · · · · · · · · · · · · · · · | | |
| | ☐ Dunnigan | ☐ West Sacramento | ☐ Out of County | | |
| | ☐ Esparto | ☐ Winters | ☐ Homeless | | |
| | ☐ Guinda | ☐ Woodland | | | |
| | | | | | |

Thank you for providing the information in this survey!

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