

D2. ADULT INFORMATION: (Required for each person 18 years or older in household)

3rd Adult Household Member's Name:

What school grade did you last complete?

Diploma? Yes No GED? Yes No

Are you in school or working on a degree? Yes No If yes, what school?

Work Status: (check one) Employed Full-Time Employed Part-Time Migrant Seasonal Farm Worker

Unemployed (Short-term) Unemployed (Long-term) Unemployed (Not in Labor Force)

Retired Unknown/Not Reported

Health Insurance: (check all that apply) Medicaid Medicare Private Health Insurance

Nevada Check-Up Direct-Purchase State Children's Health Insurance Program

State Health Insurance for Adults Military Healthcare (VA) Employment Based

Tribal Insurance No Health Insurance Unknown/Not Reported

4th Adult Household Member's Name:

What school grade did you last complete?

Diploma? Yes No GED? Yes No

Are you in school or working on a degree? Yes No If yes, what school?

Work Status: (check one) Employed Full-Time Employed Part-Time Migrant Seasonal Farm Worker

Unemployed (Short-term) Unemployed (Long-term) Unemployed (Not in Labor Force)

Retired Unknown/Not Reported

Health Insurance: (check all that apply) Medicaid Medicare Private Health Insurance

Nevada Check-Up Direct-Purchase State Children's Health Insurance Program

State Health Insurance for Adults Military Healthcare (VA) Employment Based

Tribal Insurance No Health Insurance Unknown/Not Reported

Check ONE for each category:

Do you have a disabling condition? Yes No Client doesn't know Client refused

Do you have a physical disability? Yes No Client doesn't know Client refused

-Is it long term? Yes No Client doesn't know Client refused

Do you have a developmental disability? Yes No Client doesn't know Client refused

Do you have a chronic health condition? Yes No Client doesn't know Client refused

Do you have HIV/AIDS? Yes No Client doesn't know Client refused

Do you have a mental health problem? Yes No Client doesn't know Client refused

Do you have a substance abuse problem? Yes No Client doesn't know Client refused

Are you a domestic violence victim/survivor? Yes No Client doesn't know Client refused

Check ONE for each category:

Do you have a disabling condition? Yes No Client doesn't know Client refused

Do you have a physical disability? Yes No Client doesn't know Client refused

-Is it long term? Yes No Client doesn't know Client refused

Do you have a developmental disability? Yes No Client doesn't know Client refused

Do you have a chronic health condition? Yes No Client doesn't know Client refused

Do you have HIV/AIDS? Yes No Client doesn't know Client refused

Do you have a mental health problem? Yes No Client doesn't know Client refused

Do you have a substance abuse problem? Yes No Client doesn't know Client refused

Are you a domestic violence victim/survivor? Yes No Client doesn't know Client refused

Have you been convicted of a misdemeanor or felony? Yes No

Have you been convicted of a misdemeanor or felony? Yes No

Are you required to register? Yes No

Are you required to register? Yes No

Explain conviction and date:

Explain conviction and date:

List last 3 years arrests:

List last 3 years arrests:

* If you have more than 2 adults in household, please ask a staff member for an additional adult information sheet.