**A logo on a black background

Description automatically generated**

**Demographics Form**

*This form is voluntary*

*Names are not included with any information gathered and reported to funders.*

**Completion Date:**

**Please indicate your relationship to The Rainbow Project (select all that apply):**

Applicant  Board of Directors  Consumer  Contractor

Staff  Volunteer

**Which race(s) do you most closely identify with (select all that apply)?**

African American/Black  American Indian OR Alaska Native

Asian  Native Hawaiian OR Other Pacific Islander

White/Caucasian  Something else (specify):

**Are you of Mexican, Puerto Rican, Cuban, Central OR South American, OR another Spanish culture of origin?**

No  Yes

**Which gender to you most closely identify with?**

Female  Gender Fluid  Male  Non-binary

Transgender  Something else (specify):

**What age bracket to you fall within?**

18-24  25-34  35-44  45-54  55-64  65 & over

**Do you identify as someone living with a disability?**

No  Yes

**Please list your zip code:**

**Have you ever served in the Armed Forces or are you currently serving in the Armed Forces?**

No  Yes

**Do you qualify for any of the following:** BadgerCare/Medicaid, FoodShare (SNAP), SSI, Housing Assistance, Wisconsin Works (W-2), Free or Reduced Lunch, Childcare Assistance, TANF, Wisconsin Shares, WIC, WHEAP

No  Yes