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**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