



HOMEY REGISTRATION FORM

Personal Information		
Today's Date:	For Office Use Only: Member ID #	Survey ID#
First Name	Middle Initial	Last Name
Date of Birth	Home Phone	Mobile Phone
Address (Street, City, State, Zip)		
Do you have any food allergies? If yes, please list your allergies.		
Ethnicity	Email	
What is your primary language?	What is the best way to contact you? (Check One Box)	
	[] Email [] Phone [] Text [] Other: _____	
What is your home language?	English Fluency (Check One Box)	
	[] Fluent [] Somewhat Fluent [] Not Fluent [] Unkn.	
Gender	Gay/Lesbian/Bisexual (Check One Box)	
[] Female [] Male [] Transgender	[] Yes [] No [] No Response	
Current School	Current Grade	Current GPA
How Did You Hear About HOMEY?	Referral Agency (The place you heard about HOMEY, if any)	Referral Contact Name/Phone
Probation Status		
Are You Currently On Probation/Parole? (Yes/No)	Do You Have a Probation Officer/Parole Agent? (Yes/No)	PO Contact Name/Phone
Program Applying For (Please Check All That Apply)		
[] HOMEY Leadership Program	[] IMPACT Job Readiness Prog.	[] CALLES/Care Management
Other Important Information		
What is your household income? (If not sure estimate/best guess):	Are you homeless?	Do you live in public housing?
Are you or your family on CalWORKS?	Are you in Foster Care?	Do you have any children? (Check One Box)
		[] Yes [] No
Where Were You Born? (Country of Origin/If U.S. city/state?)	Would you like information about immigration/legal options?	FOR OFFICE USE ONLY:
	[] Yes [] No	