

1. **Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **Phone Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. **Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. **Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **What gender do you identify with? (Choose Below)**
* **Female**
* **Male**
* **Non-Binary**
* **Transgender**
* **Other, please explain : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
1. **What best describes your sexual orientation? (Choose Below)**
* **Straight**
* **Gay**
* **Bisexual**
* **Other, please explain : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
1. **Select all that describe your race:**
* **White (including White Hispanics)**
* **Black and/or African American**
* **Asain**
* **American Indian or Alaska Native**
* **Native Hawaiian or Other Pacific Islander**
* **Two or more races**
* **Other, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
1. **What is your main language:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **How many people live in your household?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **How would you describe your disability? (Choose Below)**
	* + **Cognitive or Developmental**
		+ **Mobility or Physical**
		+ **Medical**
		+ **Mental or Emotional**
		+ **Substance Use Disorder**
		+ **Audio**
		+ **Visual**
		+ **Other, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. **Are you homebound or have extreme difficulty going out alone?**
	* + **Yes**
		+ **No**
5. **Have you been vaccinated against Covid-19?**
	* + **Yes**
		+ **No**

**Please fill Out how many doses and which vaccine you took:**

| **1st Dose** | **Type:** |
| --- | --- |
| **2nd Dose** | **Type:** |
| **3rd Dose** | **Type:** |
| **4th Dose** | **Type:** |

  **14. Have you had a hard time finding information on Covid-19, testing, and/or vaccination in your language?**

* **Yes**
* **No**

**15. Have you had a hard time making an appointment for Covid-19 testing and/or vaccination?**

* **Yes**
* **No**

**16. Do you feel safe in your community or neighborhood? PLEASE EXPLAIN**

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**17. What are some barriers that you see in your community? PLEASE EXPLAIN -** Barriers are known as anything that can affect a person's quality of life \*\*\*

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**18. Do you have access to reliable transportation?**

* **Yes**
* **No**

**19. Do you think that lack of access to reliable transportation has been an issue in your household and/or family?**

* **Yes**
* **No**

**20. If there was a helpline you could call for resources in your language, would you participate in the program?**

* **Yes**
* **No**

**21. Have you been involved in any of ACI's programs or services?**

* **Yes**
* **No**

**22. What are your current needs right now? What are you currently struggling with that ACI can help you and your family with?**

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**23. In the past year have you : (Select all that apply)**

* **Lost Health Care**
* **Been Homeless**
* **Been Unemployed**

**24. What other programs can we offer you and our community? Tell us what types of events you would like to see more of?**

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