

KIRTLAND AFB YOUTH PROGRAMS

Program Participation

Date: _____

Child's name: _____ Age: _____

Date of Birth: _____ School Attending: _____

Parent's Signature: _____

PRINCIPLE PURPOSE: Client demographics are required for accurate analysis and finding allocations.

PRIVACY INFORMATION: Protected in accordance with Privacy Act of 1974, 5 USC 552A.

CLIENT DEMOGRAPHICS- SURVEY

Name of County Residing _____ Zip Code _____

City Location: _____ Air Base _____ Old Town _____ West Side _____

Gender _____ Male _____ Female _____ Age of child _____ 0-5 _____ 6-9 _____ 10-14

Household: _____ Single Parent _____ Two Parent Household _____ Living with Relatives

Work Status: _____ Single Parent _____ Both Parents working

One parent working _____ One full time student _____

Ethnic Group: _____ Asian/Pacific Islander _____ African American _____ Caucasian

Hispanic _____ Native American _____ Other _____ Race Unknown

Household Income _____ Below \$9,999 _____ \$10,000-\$14,999 _____ \$15,000-19,999

_____ \$20,000-\$24,999 _____ \$25,000-\$29,999 _____ \$30,000 and above