

D2. ADULT INFORMATION: (Required for each person 18 years or older in household)

3rd Adult Household Member's Name:

What school grade did you last complete? Diploma? Yes No GED? Yes No

Are you in school or working on a degree? Yes No If yes, what school?

Work Status: (circle one)

Employed Full-Time Employed Part-Time Migrant Seasonal Farm Worker Unemployed (short term)
 Unemployed (Long-Term) Unemployed (not in labor force) Retired Unknown/Not Reported

Health Insurance: (circle all that apply)

Medicaid Medicare Private Health Insurance Nevada Check-Up Direct-Purchase
 State Children's Health Insurance Program State Health Insurance for Adults Military Healthcare (VA)
 Employment Based Tribal Insurance No Health Insurance Unknown/Not Reported

Circle ONE for each category:

Do you have a disabling condition? Yes No Client doesn't know Client refused
 Do you have a physical disability? Yes No Client doesn't know Client refused
 -Is it long term? Yes No Client doesn't know Client refused
 Do you have a developmental disability? Yes No Client doesn't know Client refused
 Do you have a chronic health condition? Yes No Client doesn't know Client refused
 Do you have HIV/AIDS? Yes No Client doesn't know Client refused
 Do you have a mental health problem? Yes No Client doesn't know Client refused
 Do you have a substance abuse problem? Yes No Client doesn't know Client refused
 Are you a domestic violence victim/survivor? Yes No Client doesn't know Client refused

Have you been convicted of a misdemeanor or felony? Yes No Are you required to register? Yes No

Explain conviction and date:

List last 3 years arrests:

4th Adult Household Member's Name:

What school grade did you last complete? Diploma? Yes No GED? Yes No

Are you in school or working on a degree? Yes No If yes, what school?

Work Status: (circle one)

Employed Full-Time Employed Part-Time Migrant Seasonal Farm Worker Unemployed (short term)
 Unemployed (Long-Term) Unemployed (not in labor force) Retired Unknown/Not Reported

Health Insurance: (circle all that apply)

Medicaid Medicare Private Health Insurance Nevada Check-Up Direct-Purchase
 State Children's Health Insurance Program State Health Insurance for Adults Military Healthcare (VA)
 Employment Based Tribal Insurance No Health Insurance Unknown/Not Reported

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 Are you a domestic violence victim/survivor? Yes No Client doesn't know Client refused

Have you been convicted of a misdemeanor or felony? Yes No Are you required to register? Yes No

Explain conviction and date:

List last 3 years arrests: