Community Warehouse Project of CHESTER COUNTY

Schedule C - Demographic Questionnaire

(Information is for statistical purposes only and will be kept confidential)

Date: _____ Referring Agency: _____ Client's Zip Code: _____
Primary Language in Household: _____ Secondary Language: _____

Citizenship:
Country of Birth_____ Are you a US Citizen? Y/N _____

Race/Ethnicity (Please Check all that apply):

____ Asian
____ African
____African American (Black)
____Caucasian (White)
____ Latino/Hispanic
____Middle Eastern
____Multi Racial
____Native American
____Pacific Islander
____Other (describe)
_____

Gender:
____Female ____Male ____Non-Binary
____Prefer not to say

Family Status:
____Married ____Widowed ____Single
____Separated ____Divorced

Persons in Household (Number, Ages & Gender):
____# of Head of Household Name:_____Birthdate: _____Gender: ____
____# of Adult Males (19 and Older) Birthdates: _____
____# of Adult Females (19 and Older) Birthdates: _____
____# Of Girls (18 and Under) Birthdates: _____
____# of Boys (18 and Under) Birthdates_____

Yearly Household Income:
____less than $6,000 per year
____$6,000 - $11,999 per year
____$12,000-17,999 per year
____$18,000 - $23,999 per year
____$24,000 - $34,999 per year
____Over $35,000 per year

Are you disabled or impaired? (Please check all that apply)
____Vision Impaired
____Hearing-Impaired
____Motor Impaired
____Cognitively Impaired
____Not Impaired
____Rather not say
____ SPMI (Severe and Persistent Mental Illness)

Place a (1) and (2) next to the top one or two reasons you need furniture assistance
___ Death or Divorce
___ Domestic Violence Victim
___ Drug or Alcohol Rehab
___ Eviction
___ Fire victim
___ Formerly Incarcerated
___ Loss of Job/Unemployment
___ Mental Disability
___ Physical disability/Disease
___ Previously Homeless
___ Refugee or Immigrant
___ Relocation
___ Robbery
___ Veteran w/ disabilities or PTSD
___ Other (specify)_____

PLEASE NOTE

If you are a staff member of any of the following agencies, please make a referral to Open Hearth's HCF program to assist with furniture delivery fees

-Creative Health
-Elwyn
-Holcomb Behavioral Health
-Health, Human Services, Inc.
-Penn Psych
-ACT team

In addition, if you are a staff member of the following organizations and the client that you are referring has SPMI, please make a referral to Open Hearth's HCF program to assist with furniture delivery fees.

-Ann's Heart
-Brandywine Valley Active Aging (BVAA)
-Friends Association
-Kennett Area Comm. Services (KACS)