



Registration: Program Participation Form

Name: _____ Date of Birth: _____

Phone: _____ Email: _____

Address: _____ City _____ State _____ Zip _____

Emergency Contact: _____ Phone: _____

The following questions are included in order to better understand who we are serving in the community and to better design our programs, as well as meet funding requirements (all personal data is protected and no private information is shared with anyone other than LCCC staff):

Gender: Male Female Transgender Male/Transman/FTM
 Transgender Female/Transwoman/MTF Prefer Not to Say

Self-describe in another way: _____

What are your pronouns? _____

Sexual Orientation: Heterosexual Homosexual Bisexual Other Prefer Not to Say

Or how do you describe your sexual orientation? _____

Are you interested in knowing about LGBTQ/Allies events? Yes No

Do you have a disability or identify as disabled? Yes No

- Physical
- Mental
- Intellectual/Developmental
- Traumatic Brain Injury
- Prefer Not to Say

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Please estimate your annual income below:

One Person Household:

- \$17,700 or less
- \$17,701 - \$29,500
- \$29,501 - \$44,800
- \$44,801 or more

Two Person Household:

- \$20,250 or less
- \$20,251 - \$33,700
- \$33,701 - \$51,200
- \$51,201 or more

What is your primary language? English Other: _____

Are you an immigrant, refugee or new arrival to the U.S.? Yes No

Please check all categories which apply to you:

- African American, African, Black
- Asian American or Asian
- Caucasian or White
- Hispanic or Latino/a
- Native American or Alaskan Native
- Pacific Islander or Hawaiian Native
- Other: _____

Have you ever or currently serve in the military? Yes No

Are you related to someone who is serving or has served in the military? Yes No

If yes, what is the relationship to the person indicated?

- Not a family member
- Minor Dependent
- Spouse/Partner
- Surviving Spouse/Partner
- Other Dependent Adult
- Unknown

Thank you for being a part of our community!