



**Transitions-Mental Health Association  
 Helping Hands of Lompoc- RLC  
 Data Sheet 2022-23**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_ Other: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Preferred Language: \_\_\_\_\_ Do you have a California ID? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you had the COVID-19 Vaccination? Yes \_\_\_\_\_ No \_\_\_\_\_ COVID Booster? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you:

	Yes	No
Female head of household		
Bilingual		
A Veteran		
Homeless		

Have you ever received services from the RLC/Helping Hands? Yes \_\_\_\_\_ No \_\_\_\_\_

Referring Agency: \_\_\_\_\_

Case Manager: \_\_\_\_\_ Case Manager Phone: \_\_\_\_\_

Emergency Contact : \_\_\_\_\_ Phone Number: \_\_\_\_\_

In case of an emergency, do you have any medical conditions/allergies that we should know about?

**Please check one of the following boxes that best describes your ethnicity:**

**RACE (must choose one race AND one ethnicity) ETHNICITY**

<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <i>and</i> White <input type="checkbox"/> American Indian/Alaskan Native <i>and</i> Black/African American <input type="checkbox"/> Asian <i>and</i> White <input type="checkbox"/> Black/African American and White <input type="checkbox"/> Other	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> <i>Non</i> -Hispanic/Latino
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**Please sign and check one of the following boxes that best describes your income:**

\$29,350 or Lower	Extremely Low Income (30%)	
\$29,351 to \$48,900	Very Low Income (50%)	
\$48,901 to \$ 78,350	Low Income (80%)	

Signature: \_\_\_\_\_