



ALLIANCE CENTER
for **INDEPENDENCE**

www.adacil.org • 732-738-4388

1. Full Name: _____

2. Date of Birth: _____

3. Phone Number: _____

4. Email: _____

5. Address: _____

6. What gender do you identify with? (Choose Below)

- Female
- Male
- Non-Binary
- Transgender
- Other, please explain : _____

7. What best describes your sexual orientation? (Choose Below)

- Straight
- Gay
- Bisexual
- Other, please explain : _____

8. Select all that describe your race:

- White (including White Hispanics)
- Black and/or African American
- Asian
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Two or more races
- Other, please explain: _____

9. What is your main language: _____

10. How many people live in your household? _____

11. How would you describe your disability? (Choose Below)

- Cognitive or Developmental
- Mobility or Physical
- Medical
- Mental or Emotional
- Substance Use Disorder
- Audio
- Visual
- Other, please describe: _____

12. Are you homebound or have extreme difficulty going out alone?

- Yes
- No

13. Have you been vaccinated against Covid-19?

- Yes
- No

Please fill Out how many doses and which vaccine you took:

1st Dose	Type:
2nd Dose	Type:
3rd Dose	Type:
4th Dose	Type:

14. Have you had a hard time finding information on Covid-19, testing, and/or vaccination in your language?

- Yes
- No

15. Have you had a hard time making an appointment for Covid-19 testing and/or vaccination?

- Yes
- No

16. Do you feel safe in your community or neighborhood? PLEASE EXPLAIN

17. What are some barriers that you see in your community? PLEASE EXPLAIN - Barriers are known as anything that can affect a person's quality of life ***

18. Do you have access to reliable transportation?

- Yes
- No

19. Do you think that lack of access to reliable transportation has been an issue in your household and/or family?

- Yes
- No

20. If there was a helpline you could call for resources in your language, would you participate in the program?

- Yes
- No

21. Have you been involved in any of ACI's programs or services?

- Yes
- No

22. What are your current needs right now? What are you currently struggling with that ACI can help you and your family with?

23. In the past year have you : (Select all that apply)

- Lost Health Care
- Been Homeless
- Been Unemployed

24. What other programs can we offer you and our community? Tell us what types of events you would like to see more of?
