



Registration & Demographics Form

Name: _____ Date: _____

Contact Information:

Address: _____

Phone number: _____

Email address: _____

Demographics:

Please answer the following questions to describe your current situation. The answers you give are confidential.

Do you identify as a peer?

Yes, I have lived experience with mental health.

Yes, I have lived experience with addiction.

Yes, I have lived experience with mental health and addiction.

No, I do not identify as a peer.

I choose not to self-identify.

Current age: _____

Gender: Male Female Non-Binary

Transgender Other

If Other, please specify: _____

What pronouns do you want others to use when referring to you?

They/Them She/Her He/Him Other

If Other, please specify: _____

Race (check whichever apply):

Native American or Alaskan Native Asian or Asian American
 Black or African American Arab or Middle Eastern
 White/Caucasian Native Hawaiian or Pacific Islander
 Person of Color Other
 I choose not to self-identify

If Other, please specify: _____

Are you Hispanic or Latinx? Yes No Prefer not to say

Do you currently receive SSI or SSDI benefits? Yes No Prefer not to say

Do you currently have a representative payee? Yes No Prefer not to say

Are you a veteran? Yes No Prefer not to say