

ADAP Data Collection Form – Small Group

Please tell us more about yourself. This information will help us fulfill our grant requirements and let us know who we are serving or not serving in our community. We consider this information private and it will only be reported as part of an aggregate data report.

Are you: (Please choose one)

- Male
- Female
- I prefer not to respond

What is your age? (Please choose one)

- 0-4
- 5-11
- 12-14
- 15-17
- 18-20
- 21-24
- 25-44
- 45-64
- 65+
- I prefer not to respond

What race best describes you? (Please choose one)

- White
- Black or African American
- Native Hawaiian/Other Pacific Islander
- Asian
- American Indian/Alaska Native
- More than one race
- I prefer not to respond

Are you Hispanic/Latino? (Please choose one)

- Yes
- No
- I prefer not to respond

Are you: (Please choose one)

- A current member of the armed forces
- A veteran
- I am not a current member or veteran of the military
- I prefer not to respond

Do you have a family member who is in the military or is a veteran? (Please choose one)

- Yes
- No
- I prefer not to respond