Idaho Coalition Against Sexual & Domestic Violence **Supplemental Information Form** for Transitional Housing Funds

This form is recommended for programs/organizations to submit per survivor but is not a requirement. Upon receiving the initial request funds, we encourage survivors to complete this form as a supplemental document solely to identify demographic of survivors, children, and other dependents. This information will not be used to determine future fund approvals.

**Survivor Transitional Housing ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Race/ethnicity (check all that apply)** | **Survivor** | **# of Children** | **# of Other Dependents** |
| Black or African American |  |  |  |
| American Indian and Alaska Native |  |  |  |
| Asian |  |  |  |
| Native Hawaiian and other Pacific Islander |  |  |  |
| Hispanic or Latino |  |  |  |
| White |  |  |  |
| Unknown |  |  |  |
| **Gender** | **Survivor** | **# of Children** | **# of Other Dependents** |
| Female |  |  |  |
| Male |  |  |  |
| Unknown or I identify another way |  |  |  |
| **Age** | **Survivor** | **# of Children** | **# of Other Dependents** |
| 0-6 |  |  |  |
| 7-12 |  |  |  |
| 13-17 |  |  |  |
| 18-24 |  |  | Enter # |
| 25-59 |  |  |  |
| 60+ |  |  |  |
| Unknown |  |  |  |
| **Other Demographics (check all that apply)** | **Survivor** | **# of Children** | **# of Other Dependents** |
| I have a disability |  |  |  |
| I have limited English proficiency |  |  |  |
| I am an immigrant, refugee, or asylum seeker |  |  |  |
| I live in a rural area |  |  |  |