Client Voluntary Demographic Data Survey Form

Please take a few moments to complete the following questions. Please check the appropriate boxes with an “X” which best describe you and return the survey via email to factsd@factsd.org or by mail to 600 Mission Avenue, Oceanside, CA 92054 or by fax at 760-757-3226. Submittal of this information is voluntary.

|  |
| --- |
| **Sex** |
| What is your sex? |
| [ ]  | Female | [ ]  | Male |
| **Race** |
| What is your race? |
| [ ]  | Asian/Pacific Islander  | [ ]  | African American |
| [ ]  | American Indian/Alaskan Native | [ ]  | Hispanic |
| [ ]  | White (not Hispanic | [ ]  | Other:       |
| **Disability** |
| Do you have a disability? |
| [ ]  | Yes | [ ]  | No |
| **Age** |
| What is your age? |
| [ ]  | Under 40 | [ ]  | 40-59 | [ ]  | 60-64 | [ ]  | 65-74 | [ ]  | 75 and over |
| **Income**  |
| How many people live in your household? |       |
| What is your household’s total annual income? |
| [ ]  | $25,000 or less | [ ]  | $50,001-$60,000 | [ ]  | $90,001-$100,000 |
| [ ]  | $25,001-$33,000 | [ ]  | $60,001-$70,000 | [ ]  | Over $100,000 |
| [ ]  | $33,001-$40,000 | [ ]  | $70,001-$80,000 |  |  |
| [ ]  | $40,001-$50,000 | [ ]  | $80,001-$90,000 |  |  |
| **Language** |
| What language is primarily spoken in your household? |       |
| **Access Frequency** |
| On average, how many times a month do you access transportation services provided by FACT? |
|       |