## DEMOGRAPHIC QUESTIONNAIRE FOR CALWORKS, REFUGEE CASH ASSISTANCE (RCA), ENTRANCE CASH ASSISTANCE (ECA), TRAFFICKING AND CRIME VICTIMS ASSISTANCE PROGRAM (TCVAP) AND CALFRESH PROGRAMS

Legal Name:	Case Number:
(Optional) Preferred Name and Pronoun(s):	
The following personal information is optional and confidential. It is asked to make sure that benefits are given without regard to sexual orientation or gender identity. Your answers will not affect your eligibility or benefit amount. The law says the county must ask your sexual orientation and gender identity, but you are not required to answer. Your name and case number are only used to be sure the county asked you the questions. The county will only use this information for civil rights statistical purposes. You can ask the county for another form to change your responses at any time.	
☐ Check this box if you do not want to give the county information about your sexual orientation or gender identity. You can also select "decline to state" on each of the questions below.	
<ul> <li>1. OPTIONAL: What is your gender identity? Please check one that best describes your gender identity:</li> <li>Female (assigned female at birth and identify as female)</li> <li>Male (assigned male at birth and identify as male)</li> <li>Transgender female (assigned male at birth and identify as female)</li> <li>Transgender male (assigned female at birth and identify as male)</li> <li>Non-binary (neither, both or a combination of male or female)</li> <li>Another gender identity</li> <li>Decline to state</li> </ul>	
2. OPTIONAL: What sex was listed on your original b  ☐ Female ☐ Male ☐ Decline to	
<ul> <li>OPTIONAL: What is your sexual orientation? Pleatorientation:</li> <li>Straight or heterosexual (attracted to people</li> <li>Gay or lesbian (attracted to people with the same of the same of</li></ul>	with the opposite gender) ame gender) me and different genders)