

Dist. _____.

2007 Census Tool

Zip Code _____.

Are you homeless ?	First Initial of First Name	First Initial of Last Name	Gender	Ethnicity	Year Born	State of Birth	Marital Status	Do you have children?	How many children do you have with you that are not enrolled in school?	State where you became homeless	City where you spent last night
1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no			1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> American Indian /Alaskan Native 2 <input type="checkbox"/> Black/African American 3 <input type="checkbox"/> Native Hawaiian/Pacific Islander 4 <input type="checkbox"/> Asian 5 <input type="checkbox"/> White 6 <input type="checkbox"/> Latino 7 <input type="checkbox"/> other			1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Divorced 3 <input type="checkbox"/> Seperated 4 <input type="checkbox"/> Widowed 5 <input type="checkbox"/> Single	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no			
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