

7. Is the patient's legal guardian an agricultural worker?

- No
- Seasonal worker
- Migratory worker
- Year-round worker
- Retired farm worker

8. Is the patient currently living:

- | | |
|---|--|
| <input type="checkbox"/> On the street, in a vehicle, or in an encampment | <input type="checkbox"/> In permanent supportive housing (examples: Lydia Place, Catholic Community Services, Whatcom Homeless Services) |
| <input type="checkbox"/> In a transitional facility or temporary housing | <input type="checkbox"/> With friends or extended family on a temporary basis |
| <input type="checkbox"/> At a shelter | <input type="checkbox"/> None of the above |

9. Is the patient currently living in Public Housing?

(examples: HUD, Section 8 Housing)

- No
- Yes

Legal Guardian's Name: _____

Legal Guardian's Signature: _____ **Date:** _____