

BTG VI-SPDAT V3 (Family)

Add Family Member (continued)

| | | | |
|---|---|---|--|
| First Name*: # _____ | Last Name *: _____ | Birth Date*: _____ | Age: _____ |
| Relationship to Head of Household* <input type="checkbox"/> Spouse <input type="checkbox"/> Other Relative <input type="checkbox"/> Child <input type="checkbox"/> Other Non-Relative <input type="checkbox"/> Step-Child <input type="checkbox"/> Unknown <input type="checkbox"/> Grandparent <input type="checkbox"/> Grandchild <input type="checkbox"/> Guardian <input type="checkbox"/> Foster-Child | Social Security#*: _____ <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Full DOB <input type="checkbox"/> Partial (MM/YY) <input type="checkbox"/> Partial (DD/YY) <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data Not Collected | Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused |
| Gender* <input type="checkbox"/> Male <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Female <input type="checkbox"/> Client Refused <input type="checkbox"/> Transgender <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Questioning <input type="checkbox"/> A gender that is not singularly 'Female' or 'Male' | | | |

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| Gender* <input type="checkbox"/> Male <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Female <input type="checkbox"/> Client Refused <input type="checkbox"/> Transgender <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Questioning <input type="checkbox"/> A gender that is not singularly 'Female' or 'Male' | | | |

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| Gender* <input type="checkbox"/> Male <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Female <input type="checkbox"/> Client Refused <input type="checkbox"/> Transgender <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Questioning <input type="checkbox"/> A gender that is not singularly 'Female' or 'Male' | | | |