

BTG VI-SPDAT V2 (Family)

Add Family Member – Continued

First Name*:	Last Name *:	Birth Date*:	Age:	Gender*:
6) _____	_____	_____	_____	_____
Relationship to Head of Household*	Social Security#*:	<input type="checkbox"/> Full DOB		<input type="checkbox"/> Male
<input type="checkbox"/> Spouse <input type="checkbox"/> Other Relative	_____	<input type="checkbox"/> Partial (MM/YY)		<input type="checkbox"/> Female
<input type="checkbox"/> Child <input type="checkbox"/> Other Non-Relative	<input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="checkbox"/> Partial (DD/YY)		<input type="checkbox"/> Trans M-F
<input type="checkbox"/> Step-Child <input type="checkbox"/> Unknown	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client doesn't know		<input type="checkbox"/> Trans F-M
<input type="checkbox"/> Grandparent <input type="checkbox"/> Grandchild	<input type="checkbox"/> Refused	<input type="checkbox"/> Client refused		<input type="checkbox"/> Refused
<input type="checkbox"/> Guardian <input type="checkbox"/> Foster-Child	<input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Data Not Collected		<input type="checkbox"/> Other
Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused				

First Name*:	Last Name *:	Birth Date*:	Age:	Gender*:
7) _____	_____	_____	_____	_____
Relationship to Head of Household*	Social Security#*:	<input type="checkbox"/> Full DOB		<input type="checkbox"/> Male
<input type="checkbox"/> Spouse <input type="checkbox"/> Other Relative	_____	<input type="checkbox"/> Partial (MM/YY)		<input type="checkbox"/> Female
<input type="checkbox"/> Child <input type="checkbox"/> Other Non-Relative	<input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="checkbox"/> Partial (DD/YY)		<input type="checkbox"/> Trans M-F
<input type="checkbox"/> Step-Child <input type="checkbox"/> Unknown	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client doesn't know		<input type="checkbox"/> Trans F-M
<input type="checkbox"/> Grandparent <input type="checkbox"/> Grandchild	<input type="checkbox"/> Refused	<input type="checkbox"/> Client refused		<input type="checkbox"/> Refused
<input type="checkbox"/> Guardian <input type="checkbox"/> Foster-Child	<input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Data Not Collected		<input type="checkbox"/> Other
Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused				

First Name*:	Last Name *:	Birth Date*:	Age:	Gender*:
8) _____	_____	_____	_____	_____
Relationship to Head of Household*	Social Security#*:	<input type="checkbox"/> Full DOB		<input type="checkbox"/> Male
<input type="checkbox"/> Spouse <input type="checkbox"/> Other Relative	_____	<input type="checkbox"/> Partial (MM/YY)		<input type="checkbox"/> Female
<input type="checkbox"/> Child <input type="checkbox"/> Other Non-Relative	<input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="checkbox"/> Partial (DD/YY)		<input type="checkbox"/> Trans M-F
<input type="checkbox"/> Step-Child <input type="checkbox"/> Unknown	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client doesn't know		<input type="checkbox"/> Trans F-M
<input type="checkbox"/> Grandparent <input type="checkbox"/> Grandchild	<input type="checkbox"/> Refused	<input type="checkbox"/> Client refused		<input type="checkbox"/> Refused
<input type="checkbox"/> Guardian <input type="checkbox"/> Foster-Child	<input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Data Not Collected		<input type="checkbox"/> Other
Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused				

First Name*:	Last Name *:	Birth Date*:	Age:	Gender*:
9) _____	_____	_____	_____	_____
Relationship to Head of Household*	Social Security#*:	<input type="checkbox"/> Full DOB		<input type="checkbox"/> Male
<input type="checkbox"/> Spouse <input type="checkbox"/> Other Relative	_____	<input type="checkbox"/> Partial (MM/YY)		<input type="checkbox"/> Female
<input type="checkbox"/> Child <input type="checkbox"/> Other Non-Relative	<input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="checkbox"/> Partial (DD/YY)		<input type="checkbox"/> Trans M-F
<input type="checkbox"/> Step-Child <input type="checkbox"/> Unknown	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client doesn't know		<input type="checkbox"/> Trans F-M
<input type="checkbox"/> Grandparent <input type="checkbox"/> Grandchild	<input type="checkbox"/> Refused	<input type="checkbox"/> Client refused		<input type="checkbox"/> Refused
<input type="checkbox"/> Guardian <input type="checkbox"/> Foster-Child	<input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Data Not Collected		<input type="checkbox"/> Other
Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused				