

Please Tell Us About Yourself

The information you provide will remain confidential and anonymous.

What is the Primary Language you speak at home?

- English
- Spanish
- Other? _____

Age Group:

- Under 18
- 18 – 25
- 26 – 59
- 60 or Older

Gender:

- Male
- Female
- Transgender/Other : _____

What is your Race/Ethnicity?

- Asian/Pacific Islander
- Black/African American
- Latino/Hispanic
- Tribal/Native/American Indian
(Tribe: _____)
- White/Caucasian
- Mixed Race: _____
- Other: _____

Do You identify as: Lesbian Gay Bisexual

Are you a Veteran? Yes No

Do you have a disability ? Blind Deaf Other

Write-in Other

Which of the following groups/categories apply to you?

- Mental Health Client/Consumer
- Family Member of a Mental Health Consumer
- County Mental Health Department Staff
- Substance Abuse Service Provider
- Community-Based/Non-Profit Mental Health Service Provider
- Community-Based Organization (**not** Mental Health Service Provider)
- Children and Family Services Organization
- K-12 Education Provider
- Law Enforcement
- Veteran Services
- Senior Services
- Hospital/Health Care Provider
- Advocate
- Other County Agency
- Tribal Agency: _____
- Other: _____

If you represent an agency or organization, please tell us which one and provide your role or position:

Agency: _____ Role/Position: _____

Please indicate the Region of the County in which you are most involved:

- Mid-County Region** (Hemet, San Jacinto, Perris, Lake Elsinore, Temecula, etc.)
- Western Region** (Riverside, Norco, Corona, Moreno Valley, etc.)
- Desert Region** (Banning, Blythe, Indio, Cathedral City, etc.)
- Other** (specify): _____