Our Victim Witness Program is funded through a state grant. In order to comply with the grant requirements, we are asked to submit basic demographic information on the victims we serve. We ask that you answer the following optional questions. This will not be placed in your file and will be kept in an anonymous file for grant-reporting only when requested by the state.

**Please circle that which applies:**

**Gender:** Male Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Female Prefer Not to Answer

**Race:** White/Non-Hispanic Black/African

American Indian/Alaskan Native Asian

Hispanic/Latino Native Hawaiian/Pacific Islander

Multiple Races Other

Prefer Not to Answer

**Age:** 0-12 13-17 18-24

25-59 60 and older Prefer Not to Answer

**Are you a Veteran of the Armed Forces?** Yes No Prefer Not to Answer

**Are you disabled?** Yes No Prefer Not to Answer

**Are you homeless?** Yes No Prefer Not to Answer

**Do you identify as LBGTQ?** Yes No Prefer Not to Answer

**Are you an Immigrant/Refugee/Asylum Seeker?** Yes No Prefer Not to Answer

**Do you have limited English proficiency?** Yes No Prefer Not to Answer