

Serving Honolulu County

PIC VI-SPDAT V2 (Family)

Add Family Member - Continued					
First Name*:		Last Name *:	Birth Date*:	Age:	Gender*:
<u>6)</u>			<u> </u>		
Relationship to Head of Household* □ Spouse □ Other Relative		Social Security#*:	☐ Full DOB ☐ Partial (MM/YY)		☐ Male ☐ Female
☐ Child ☐ Step-Child ☐ Grandparent ☐ Guardian	☐ Other Non-Relative ☐ Unknown ☐ Grandchild ☐ Foster-Child	☐ Full☐ Partial☐ Client doesn't know☐ Refused☐ Data Not Collected	☐ Partial (DD/YY) ☐ Client doesn't know ☐ Client refused ☐ Data Not Collected		□Trans M-F □Trans F-M □ Refused □ Other
First Name*:		Last Name *:	Birth Date*:	Age:	Gender*:
7)					
Relationship to Head of Household* □ Spouse □ Other Relative		Social Security#*:	☐ Full DOB ☐ Partial (MM/YY)		☐ Male ☐ Female
☐ Child ☐ Step-Child ☐ Grandparent ☐ Guardian	☐ Other Non-Relative ☐ Unknown ☐ Grandchild ☐ Foster-Child	☐ Full☐ Partial☐ Client doesn't know☐ Refused☐ Data Not Collected	☐ Partial (DD/YY) ☐ Client doesn't know ☐ Client refused ☐ Data Not Collected		□Trans M-F □Trans F-M □ Refused □ Other
First Name*:		Last Name *:	Birth Date*:	Age:	Gender*:
8)		·-			
Relationship t Spouse Child Step-Child Grandparent Guardian	to Head of Household* Other Relative Other Non-Relative Unknown Grandchild Foster-Child	Social Security#*: Full	☐ Full DOB ☐ Partial (MM/YY) ☐ Partial (DD/YY) ☐ Client doesn't know ☐ Client refused ☐ Data Not Collected		☐ Male ☐ Female ☐ Trans M-F ☐ Trans F-M ☐ Refused ☐ Other
First Name*:		Last Name *:	Birth Date*:	Age:	Gender*:
9)					
Relationship to Head of Household* □ Spouse □ Other Relative		Social Security#*:	☐ Full DOB ☐ Partial (MM/YY)		☐ Male ☐ Female
☐ Step-Child ☐ ☐ Grandparent ☐	☐ Other Non-Relative ☐ Unknown ☐ Grandchild ☐ Foster-Child	☐ Full☐ Partial☐ Client doesn't know☐ Refused☐ Data Not Collected	☐ Partial (DD/YY) ☐ Client doesn't know ☐ Client refused ☐ Data Not Collected		□Trans M-F □Trans F-M □ Refused □ Other
First Name*:		Last Name *:	Birth Date*:	Age:	Gender*:
10)					
☐ Spouse ☐ Child ☐ Step-Child	□ Other Relative □ Other Non-Relative □ Unknown	Social Security#*: Full	☐ Full DOB ☐ Partial (MM/YY) ☐ Partial (DD/YY) ☐ Client doesn't know		☐ Male ☐ Female ☐ Trans M-F ☐ Trans F-M
☐ Grandparent ☐ Guardian	☐ Foster-Child	☐ Refused ☐ Data Not Collected	☐ Client refused ☐ Data Not Collected		☐ Refused☐ Other☐