

New

8. Type of Support () ()
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(. . .)
(. . .) , (. . .)
(. . .)

9. Specific Need or Outcome

(. . .) /
(. . .) &

15. Did you ever serve on active duty in the U.S. Armed Forces?

16. Do you identify with having or living with a disability in any of the following areas?

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, , (. . . , ,)
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(. . .)
(. . . , ,)
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(. . .)

17. What is your total annual household income from all sources, and before taxes?

\$15,000
\$15,001 \$30,000
\$30,001 \$50,000
\$50,001 \$75,000
\$75,001 \$100,000
\$100,000