We are required by the federal government to ask you these questions, and while it will be helpful if you answer them, you are not required to do so to receive healthcare services.

Acct#

PERSONAL & HOUSING

Patient name: ______________________________ **Today's Date** __________________

DOB: ________________ **AGE:** ____ **Gender at Birth:** □ **Male** □ **Female**

Patient Address:____
Street City State ZIP

Phone # (____)____________________

How many families live at this address: □ Just mine □ More than just mine: If so, how many Families: ____ Persons____

At this address, I am the: □ Owner or □ Only Renter □ Primary Renter □ A sub renter □ Not paying rent

If shared, do you live in or share: □ A Room or □ A Garage or □ Another building at this address

OR I am Homeless: □ On the Street □ In A Homeless Shelter □Transitional Housing

What language do you prefer speaking?
□ English □ Sign Language □ Spanish □ Other________

What language do you prefer reading?
□ English □ Spanish □ Other________________________

If appropriate, please indicate your current status with the United States Military: □ Active Duty □ Active Reserves □ National Guard □ Honorable Discharge □ General Discharge □ Other Discharge □ Retired □ Separated

ETHNICITY

Do you consider yourself to be of Hispanic or Latino identity *regardless of your race*?

□ **Yes, I consider myself Hispanic or Latino:**
I am of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, based on racial identification and including those born in the United States. Do *not* select if you are from Brazil or Haiti and your ethnicity is not tied to the Spanish language.

□ **No, I do NOT consider myself Hispanic or Latino:** All others

RACE

In addition to your Ethnicity, please clarify what Race(s) you identify yourself as (you may check more than one):

□ **Asian:** Persons having origins in any of the original peoples of the Far East, Near East, Southeast Asia or the Indian subcontinent including, for example, Arabic Speaking countries, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Thailand, and Vietnam.

□ **Asian – Philippine Islands:** Persons having origins in the peoples of the Philippine Islands.

□ **Native Hawaiian:** Persons having origins in any of the original peoples of Hawaii.

□ **Other Pacific Islanders:** Persons having origins in any of the original peoples of Guam, Samoa, Palau, Truk, or other Pacific Islands in Micronesia, Melanesia or Polynesia.

□ **Black / African American:** Persons having origins in any of the original peoples of Africa, including those born in the United States

□ **American Indian:** Persons having origins in any of the original peoples of North, Central and South America, and who maintain tribal affiliation or community attachment.

□ **Alaskan Native:** Persons having origins in any of the original peoples of the Alaskan State or Territory, and who maintain tribal affiliation or community attachment.

□ **White:** Persons having origins in any of the original peoples of Europe & Eastern Europe, including those born in the USA

Employment & Income

A. How many people are in your family? ______________

B. What is your family Income? ________________ **per (circle one): week - month - year**

C. Have you or any wage earner in your family:
□ Yes □ No Worked as a **Farmworke**r during the past 2 years
□ Yes □ No Retired from **Farm work**, or
□ Yes □ No Remain disabled from **Farm work**?

D. If all answers in "C" are No, Skip "E". If yes, what is the relationship of the farmworker to the patient?
□ self □ spouse □ parent □ child □ other ______________

E. If in item "C" are yes, are you or they (mark all that apply):
□ Migrant: During the past 2 years, you spent a night somewhere else to work?
□ Seasonal: Stay in one place but off work for more than 2 weeks every year?
□ Full Time: Never laid off from farm work for more than 2 weeks during the past 2 years?

Gender

1. Do you think of yourself as (check one):
□ Choose not to disclose □ Straight or Heterosexual □ Lesbian, Gay or Homosexual □ Bisexual
□ Don't know □ Something else ____

2. With which gender do you identify? (check one):
□ Choose not to disclose □ Male □ Female □ Transgender Male (Female-to-Male)
□ Transgender Female (Male-to-Female) □ Other

Signature ____ Date ______________________________

Printed Name ____________________________________ Relation to Patient __________________________________