



Dear Valley Health Team Patient:

In order to continue offering a variety of services to you and your family and comply with the terms of our grant funding, we are required to collect the following information on every patient that visits our facility. Your personal information is **not reported**, only de-identified answers, combined with all of our patients' responses are reported.

Please take a few minutes to complete the following information. If you have any questions or would like a representative to assist you with this, please let us know. We are happy to help!

1. Please select what best describes your living situation:

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Doubling up | <input type="checkbox"/> Street |
| <input type="checkbox"/> Not Homeless | <input type="checkbox"/> Transitional |
| <input type="checkbox"/> Shelter | <input type="checkbox"/> Unknown/Refused to report |

2. Have you or any family member performed agriculturally related work in the last 3 years?

- Yes
 No

If yes, which one best describes the type of work:

- Migrant farm work; you travel from home from town to town to where work is available (you do not establish a residence at the new work location)
 Seasonal farm work; you remain in your place of residence and work seasonal

3. Please select one of the following from the race listing:

- | | |
|---|---|
| <input type="checkbox"/> Asian | <input type="checkbox"/> East Indian/Asian |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> White (not Hispanic or Latino) |
| <input type="checkbox"/> White (Hispanic or Latino) | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Unknown/Refused to report |
| <input type="checkbox"/> Native American Indian | Other: _____ |

4. What is the primary language spoken in your household?

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Hindi |
| <input type="checkbox"/> English | <input type="checkbox"/> Punjabi |
| <input type="checkbox"/> Refused to report | <input type="checkbox"/> Other: _____ |

5. Do you need an interpreter?

- Yes
 No

6. Please select from the following ethnicity listing:

- | | |
|---|--|
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Unknown/Refused to Report |
| <input type="checkbox"/> Not Hispanic | |

7. Are you unable to work because of a physical or mental disability?

- Yes
 No

8. Have you completed service in the Uniformed Services of the United States?

- Yes
 No

9. What is your family's total annual income? _____

10. How many family members are there living in your household? _____