

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/Chose Not to Disclose |

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

- No
- Yes If yes, which one best describes the type of work:
- Migrant farm work; you travel from your home, 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 Indian                  | <input type="checkbox"/> Chinese         | <input type="checkbox"/> Vietnamese                            |
| <input type="checkbox"/> Japanese                      | <input type="checkbox"/> Korean          | <input type="checkbox"/> Other Pacific Islander (Not Hawaiian) |
| <input type="checkbox"/> Other Asian                   | <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Black/African American                |
| <input type="checkbox"/> Guamanian or Chamorro         | <input type="checkbox"/> Samoan          | <input type="checkbox"/> Unreported/Chose Not to Disclose Race |
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> White           |  |
|  | <input type="checkbox"/> Filipino        |  |

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 one of the following from the ethnicity listing:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Mexican          | <input type="checkbox"/> Another Hispanic, Latino/a or Spanish Origin | <input type="checkbox"/> Not Hispanic, Latino/a, or Spanish Origin  |
| <input type="checkbox"/> Mexican American | <input type="checkbox"/> Cuban  | <input type="checkbox"/> Unreported/Chose Not to Disclose Ethnicity |
| <input type="checkbox"/> Chicano/a        | <input type="checkbox"/> Spanish                                      |   |
| <input type="checkbox"/> Puerto Rican     |   |   |

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? \_\_\_\_\_