



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:

- Doubling up
- Not Homeless
- Shelter
- Street
- Transitional
- 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:

- Asian Indian
- Japanese
- Other Asian
- Guamanian or Chamorro
- American Indian/Alaska Native
- Chinese
- Korean
- Native Hawaiian
- Samoan
- White
- Filipino
- Vietnamese
- Other Pacific Islander (Not Hawaiian)
- Black/African American
- Unreported/Chose Not to Disclose Race

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

- Spanish
- English
- Refused to report
- Hindi
- Punjabi
- Other: _____

5. Do you need an interpreter?

- Yes
- No

6. Please select one of the following from the ethnicity listing:

- Mexican/Mexican American/Chicano/a
- Puerto Rican
- Cuban
- Another Hispanic, Latino/a, or Spanish Origin
- Hispanic, Latino/a, Spanish Origin
- Not Hispanic, Latino/a, or Spanish Origin
- Unreported/Chose Not to Disclose Ethnicity

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? _____