

HEALTHWAYS/REGIONAL MEDICAL CENTER AT LUBEC

By participating in certain federal programs, we are required to request the following information.

Please answer all questions.

RACE
Please check <u>all</u> that apply:
<input type="checkbox"/> White
<input type="checkbox"/> African American
<input type="checkbox"/> Native American
<input type="checkbox"/> Other Pacific Islander
<input type="checkbox"/> Asian
<input type="checkbox"/> Other: _____

ETHNICITY
Please check <u>all</u> that apply:
<input type="checkbox"/> Hispanic
<input type="checkbox"/> Non-Hispanic
<input type="checkbox"/> Other: _____

ARE YOU A VETERAN?
<input type="checkbox"/> Yes <input type="checkbox"/> No

Is Service here approved by the Department of Veteran Affairs?
<input type="checkbox"/> Yes <input type="checkbox"/> No

ARE YOU A MIGRANT WORKER?
<input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT STATUS
<input type="checkbox"/> Employed <input type="checkbox"/> Part Time
<input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed
<input type="checkbox"/> Retired

Residence: Have you been Homeless in the calendar year? If yes, please check one.
<input type="checkbox"/> Homeless Shelter
<input type="checkbox"/> Street
<input type="checkbox"/> Transitional
<input type="checkbox"/> Doubling Up

PRIMARY LANGUAGE
<input type="checkbox"/> English
<input type="checkbox"/> Spanish
<input type="checkbox"/> Other: _____

HIGHEST LEVEL OF EDUCATION
<input type="checkbox"/> Not Yet in School
<input type="checkbox"/> Grade School
<input type="checkbox"/> Middle School
<input type="checkbox"/> High School
<input type="checkbox"/> GED
<input type="checkbox"/> Did Not Complete High School
<input type="checkbox"/> Trade School
<input type="checkbox"/> Some College
<input type="checkbox"/> College Graduate

SEXUAL ORIENTATION
<input type="checkbox"/> Straight
<input type="checkbox"/> Lesbian, Gay, or Homosexual
<input type="checkbox"/> Bisexual
<input type="checkbox"/> Something Else
<input type="checkbox"/> Unsure
<input type="checkbox"/> Decline to Answer

GENDER IDENTITY
<input type="checkbox"/> Male
<input type="checkbox"/> Female
<input type="checkbox"/> Transgender Male (Female-to-male)
<input type="checkbox"/> Transgender Female (Male-to-Female)
<input type="checkbox"/> Gender Neutral
<input type="checkbox"/> Decline to Specify

Are your visits paid for by a government program or research grant?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

Are you entitled to Medicare based on age, disability, or end stage renal disease?
<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list why: _____

PREFERRED PRONOUNS
<input type="checkbox"/> She/Her <input type="checkbox"/> He/Him
<input type="checkbox"/> They/Them
<input type="checkbox"/> Other _____

INCOME STATUS	
Number of Persons in Household (circle one):	1 2 3 4 5 6 7 8 9 10+
Estimated Annual Household Income:	
<input type="checkbox"/> \$0-\$15,060	<input type="checkbox"/> \$15,061-\$18,825
<input type="checkbox"/> \$0-\$20,440	<input type="checkbox"/> \$20,441-\$25,550
<input type="checkbox"/> \$0-\$25,820	<input type="checkbox"/> \$25,821-\$32,275
<input type="checkbox"/> \$0-\$31,200	<input type="checkbox"/> \$31,201-\$39,000
<input type="checkbox"/> \$18,826-\$22,590	<input type="checkbox"/> \$22,591-\$30,120
<input type="checkbox"/> \$25,551-\$30,660	<input type="checkbox"/> \$30,661-\$40,880
<input type="checkbox"/> \$32,276-\$38,730	<input type="checkbox"/> \$38,731-\$51,640
<input type="checkbox"/> \$39,001-\$46,800	<input type="checkbox"/> \$46,801-\$62,400
<input type="checkbox"/> \$30,121 or more	<input type="checkbox"/> \$40,881 or more
<input type="checkbox"/> \$51,641 or more	<input type="checkbox"/> \$62,401 or more

I verify that the information listed is correct:

Signature: _____ Date: _____