

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-\$14,580	<input type="checkbox"/> \$14,581-\$18,225	<input type="checkbox"/> \$18,226-\$21,870	<input type="checkbox"/> \$21,871-\$29,160	<input type="checkbox"/> \$29,161 or more						
<input type="checkbox"/> \$0-\$19,720	<input type="checkbox"/> \$19,721-\$24,650	<input type="checkbox"/> \$24,651-\$29,580	<input type="checkbox"/> \$29,581-\$39,440	<input type="checkbox"/> \$39,441 or more						
<input type="checkbox"/> \$0-\$24,860	<input type="checkbox"/> \$24,861-\$31,075	<input type="checkbox"/> \$31,076-\$37,290	<input type="checkbox"/> \$37,291-\$49,720	<input type="checkbox"/> \$49,721 or more						
<input type="checkbox"/> \$0-\$30,000	<input type="checkbox"/> \$30,001-\$37,500	<input type="checkbox"/> \$37,501-\$45,000	<input type="checkbox"/> \$45,001-\$60,000	<input type="checkbox"/> \$60,001 or more						

I verify that the information listed is correct:

Signature: _____ Date: _____