OPTIONAL

Family Demographics

The following information is collected for statistical use only and is strictly confidential. For your privacy, no names will be used when reporting the following information. This information is necessary when applying for government and private funding.

DATE: _________________________

Patient’s Ethnicity/Race (choose one or more response)

_____ Aboriginal  _____ Hispanic
_____ Arabic/Middle Eastern  _____ Latino
_____ Asian  _____ Maori
_____ Black/African Descent  _____ Multi-Racial
_____ Caucasian  _____ Native American
_____ East Indian  _____ Other
_____ First Nation  _____ Pacific Islander

Primary Language Spoken in Your Household

_____ English
_____ Spanish
_____ Other – please specify: ____________________________________

Does your family receive any need-based government assistance, such as SSI (disability), unemployment, food stamps, WIC, TANF (welfare/public assistance), public housing assistance/Section 8, etc.?

_____ Yes  _____ No