

# Voluntary Confidential Information

**Why are we asking for this information?** WMCHC develops and expands services in our community utilizing federal grant funds. Collection of the information below allows us to access grant funds bringing more health care services and health care jobs to our area. Your help in obtaining this information is greatly appreciated. **These statistics are reported to the government in total not by individual name.** We would like you to fill out the form completely but understand if there are questions you do not want to answer. **Thank You.**

**1) What is your primary language?**

- English  Deaf/Sign Language  
 Non-English  Interpreter Required

**2) Sex at Birth:**

- Male  
 Female

**3) Sexual Orientation:  Choose not to disclose**

- Straight or heterosexual  
 Lesbian /Gay  
 Bisexual  
 Something Else  
 Don't know

**4) Gender Identity:  Choose not to disclose**

- Male  
 Female  
 Transgender Male/ Female-to-Male  
 Transgender Female/ Male-to-Female  
 Other

**5) Ethnicity:  Choose not to disclose**

Hispanic or Latino  Yes  No

**7) Insurance:**

**6) Race:  Choose not to disclose**

- Asian  
 Native Hawaiian  
 Other Pacific Islander  
 Black/African American  
 American Indian/Alaskan Native  
 White/Caucasian  
 More than one race

- Chip  
 Medicaid (Access includes Access HMO)  
 Medicare (including Medicare replacement)  
 Dual Eligible (Medicare/Medicaid)  
 Self Pay  
 Commercial (Aetna, Highmark, GHP, Unions)  
 Other\_\_\_\_\_

**8) Income Range: (Total Family Income)  Choose not to disclose**

**Family Size:** \_\_\_\_\_ (Number of dependents, including yourself and spouse)

If you do not wish to report your family income, please mark  **(Choose not to disclose)**. Thank you.

- \$0-\$10,999  \$51,000-\$60,999  \$101,000 and above  
 \$11,000-20,999  \$61,000-\$70,999  
 \$21,000-\$30,999  \$71,000-\$80,999  
 \$31,000-\$40,999  \$81,000-\$90,999  
 \$41,000-\$50,999  \$91,000-\$100,999

Are you a dependent?  Yes  No

**9) Please check any of the following that apply:**

- Are you a veteran of the armed services?  Yes  No  
Migrant Agricultural Worker  Yes  No  
Seasonal Agricultural Worker  Yes  No

**10) Homeless  Yes  No (Definition of a homeless person- person who lack housing. This includes persons living with friends & relatives- doubling up.)**

Please define type of Homeless

- Shelter  Transitional  Doubling Up  Street

**Reduced Fees:**

- Yes, I would like to be contacted about the sliding fee program.  
 No, I would not like to be contacted about the sliding fee program.