

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.