



SURVEY

We ask that you take a moment to fill out this survey. Your responses will help us better serve the needs of our patients. Thank you for your time!

Name: _____

Family Size: _____

Date of Birth: _____

Annual Family Income: \$_____

RACE

- _____ American Indian/Alaska Native
- _____ Asian
- _____ Black/African American
- _____ Hispanic/Latino
- _____ Native Hawaiian
- _____ Other Pacific Islander
- _____ White
- _____ Refuse to Report

MIGRANT WORKER STATUS

- _____ Not a Farmworker
- _____ Migrant
- _____ Seasonal

HOMELESS STATUS

- _____ Not Homeless
- _____ Doubling Up
- _____ Shelter
- _____ Street
- _____ Transitional

LANGUAGE BARRIER

- _____ If yes, check here