

Child Patient Demographic Information



Unity Care NW requests patient demographic information annually for the purpose of reporting for our federal grants. Data collected by patients is utilized to support our case for continued funding that helps to expand our care programs to meet the health care needs of our community.

Patient's full name:	Patients date of birth:	Legal Guardian's Full name:
1) Is the patient's legal guardian receiving temporary help from a local organization to find housing or to help pay for housing? (excludes public housing and section 8 vouchers) <input type="checkbox"/> Yes <input type="checkbox"/> No		5) What is the primary language of the patient's legal guardian? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> _____
2) Is the patient currently living: <input type="checkbox"/> On the street, in a vehicle, or encampment <input type="checkbox"/> In a transitional facility or temporary housing <input type="checkbox"/> At a shelter <input type="checkbox"/> With friends or extended family on a temporary basis <input type="checkbox"/> None of the above		6) What is the patient's primary language? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> _____
3) Is the patient's legal guardian a migratory agricultural worker? (ex: crop, animal, or farm fishing, in an area that is not where you normally live) <input type="checkbox"/> Yes <input type="checkbox"/> No		7) What is the patient's race. Check up to two that best describe them. <input type="checkbox"/> Asian (East Indian, Chinese, Vietnamese, Filipino, Japanese) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other Pacific Islander (Samoan, Tongan, Fijian) <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> White/Caucasian (Arab/Middle Eastern, non-Black Hispanic)
4) Is the patient's legal guardian a seasonal worker? (ex: crop, animal, or farm fishing seasonally, in the same area as where you normally live) <input type="checkbox"/> Yes <input type="checkbox"/> No		
5) Is the patient a Family Member of an Employee at Unity Care NW? <input type="checkbox"/> Yes <input type="checkbox"/> No		8) Is the patient Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No

Last revised 10/2018

Legal Guardian signature: _____ Date: _____