



# UDS Form

## Why Do We Collect This Information?

As a community health center, it's important for us to know the population we're serving in order to provide the best care possible. Additionally, this information is useful when we apply for grants and funding. Thank you in advance for filling out this information and helping us to continue to give excellent care!

### Which Category or Categories Best Describe Your Race?

- Black/African American   
  American Indian/Alaska Native   
  Asian   
  Native Hawaiian  
 Other Pacific Islander   
  White   
  More than one race   
  Unable or unwilling to provide information

**Tribal Affiliation?:**  Yes  No

### Sexual Orientation

- Straight (not lesbian or gay)   
  Lesbian or gay   
  Bisexual   
  Something else  
 Don't know   
  Choose not to disclose

### Gender Identity

- Male   
  Female   
  Transgender Male/Female-to-Male   
  Transgender Female/Male-to-Female  
 Other   
  Choose not to disclose

### Family Size and Annual Income (Please Circle One):

	Family Size (Spouse and/or Dependents)							
	1	2	3	4	5	6	7	8
<b>Annual Income</b>	\$0 to 14,588	\$0 to 19,663	\$0 to 24,738	\$0 to 29,813	\$0 to 34,888	\$0 to 39,963	\$0 to 45,038	\$0 to 50,113
	\$14,589 to 17,505	\$19,664 to 23,595	\$24,739 to 29,685	\$29,814 to 35,775	\$34,889 to 41,865	\$39,964 to 47,955	\$45,039 to 54,045	\$50,114 to 60,135
	\$17,506 to 20,423	\$23,596 to 27,528	\$29,686 to 34,633	\$35,776 to 41,738	\$41,866 to 48,843	\$47,956 to 55,948	\$54,046 to 63,053	\$60,136 to 70,158
	\$20,424 to 23,340	\$27,529 to 31,460	\$34,634 to 39,580	\$41,739 to 47,700	\$48,844 to 55,820	\$55,949 to 63,940	\$63,054 to 72,060	\$70,159 to 80,180
	\$23,341 and up	\$31,461 and up	\$39,581 and up	\$47,701 and up	\$55,821 and up	\$63,941 and up	\$72,061 and up	\$80,181 and up

**Family Size (Total Members of Household):** \_\_\_\_\_

**Homeless Status:**  Not Homeless   
 Homeless   
 Shelter   
 Street   
 Doubling Up   
 Transitional

**Public Housing:**  No Public Housing   
 Public Housing   
 Section 8 Housing

**Migrant Worker Status:**  Farm Worker   
 Migrant Worker   
 Not a Farm Worker

**English Language Barrier:**  Yes  No   
**Ethnicity:**  Hispanic or Latino   
 Not Hispanic or Latino

**Veteran Status:**  Yes  No

**How did you hear about NOAH?**  Community Resource Specialist   
 Event   
 Family/Friend   
 Flyer or Brochure  
 Insurance Company   
 Noahhelps.org   
 Online Directory   
 Physician Referral  
 Postcard   
 Social Media

Patient Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Patient/Guardian Signature: \_\_\_\_\_