



In accordance with the Federal Register Department of Health & Human Services [§495.6 (d) (7) (i)] we are required to request the following demographics: Please check an option for Race, Language, and Ethnicity.

Race:

- | | |
|---------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> White |
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> More than 1 Race |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Refuse to Report |

Ethnicity:

- Hispanic/Latino
- Not Hispanic/Latino
- Unreported/Refused to Report

Language:

- | | |
|-------------------------------------------------|---------------------------------------|
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Haitian |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Indian |
| <input type="checkbox"/> Brazilian Portuguese | <input type="checkbox"/> Italian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Czech | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Danish | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> Dutch | <input type="checkbox"/> Russian |
| <input type="checkbox"/> English | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> French | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> German | <input type="checkbox"/> Other: _____ |