HOT SPRINGS HEALTH PROGRAM

Hot Springs Medical Center
Laurel Medical Center
Mashburn Medical Center
Mars Hill Medical Center

PATIENT REGISTRATION - DEMOGRAPHICS

1. The following information requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against patients seeking care from organizations receiving USDA funding. You are not required to furnish this information, but are encouraged to do so. This information will not be used to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of the individual patient on the basis of visual observation or surname.

ETHNICITY: ☐ Not Hispanic or Latino ☐ Hispanic or Latino

RACE: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

☐ I do not wish to furnish this information.

2. The following information requested by the U.S. Health Resources & Services Administration (HRSA) to promote culturally competent outcomes and reduce health disparities. This information will not be used to discriminate against you in any way.

SEXUAL ORIENTATION: ☐ Heterosexual (or straight) ☐ Homosexual (lesbian or gay) ☐ Bisexual ☐ Something else

☐ I do not wish to furnish this information.

Within the last 24 months, have you (or your parents if patient is a minor) worked in AGRICULTURE either on a farm or at an agricultural based industry? ☐ Yes ☐ No

If yes, which applies? ☐ Year Round Employment (permanent residence in area) ☐ Migrant ☐ Seasonal ☐ Other

Type of HOUSING for patient (or patient's parent/guardian if a minor):

☐ Rent/Own home ☐ Doubling Up (live with another person or family) ☐ Street
☐ Public Housing ☐ Transitional (live place to place) ☐ Other:
☐ Permanent Supportive housing ☐ Homeless Shelter _____

3. The following information is used by HSHP (a Federally Qualified Health Center Look-Alike) **to determine potential qualification for Sliding Fee Discount and other assistance programs, as well as regulatory reporting**. *If not completed, you will not be eligible for a potential discount.* Someone will discuss your potential qualification with you today or contact you within two (2) weeks.

Number of Persons in Home (circle one): 1 2 3 4 5 6 7 8 9 10 Other:_____

Household Income Range (circle one):

<= $15,650 $15,651-21,150 $21,151-26,650 $26,651-32,150 $32,151-37,650 $37,651-43,150 $43,151-48,650
$48,651-54,150 $54,151-57,390 $57,391-64,705 $64,706-72,020 $72,021-81,246 $81,247-90,431 $90,432-97,300
$97,301-108,300 $108,301+

☐ I do not wish to furnish this information

Patient Name (print): _____

Patient/Guardian Signature: _____

Date: _____ / _____ / _____

Office Use Only

Info Updated _____ / _____

Scanned/Attached _____ / _____