



UDS Information (FQHC Letter)

Today's Date: _____

Dear Patient,

Family Health Care is designated as a Federally Qualified Health Center (FQHC). An FQHC receives additional funding from the federal government to extend medical care to uninsured/underinsured patients. One requirement of this designation is for the clinic to gather additional information about all of our patients to help determine if community medical needs are being met. In order for us to continue to serve our community, we request that you please take a moment to complete the following information:

Patient Name: _____ Date of Birth: _____

Race:

- ___ African American/Black ___ White ___ Native Hawaiian
___ American Indian ___ Asian ___ Other Pacific Islander

Ethnicity:

___ I consider myself to be Latino/Hispanic

Sexual Orientation:

- ___ Straight ___ Bisexual ___ Lesbian/Gay ___ Don't Know ___ Something else

Gender Identity:

- ___ Male ___ Transgender female/male to female ___ Other
___ Female ___ Transgender male/female to male

Please check all that apply:

- ___ Military Veteran ___ Seasonal/Migrant Worker
___ Dependent of Seasonal/Migrant Worker ___ Primary Language other than English
___ Require Translation Services ___ Homeless
Native language

Family Size:

Family Size or Household Size is described as persons living under one roof in an interdependent relationship. All members of a household should be reflected on the IRS - 1040 of the Head of the Household

- ___ 1 Household Member ___ 6 Household Members
___ 2 Household Members ___ 7 Household Members
___ 3 Household Members ___ 8 Household Members
___ 4 Household Members ___ 9 Household Members
___ 5 Household Members ___ Other Family Size

Household Income Data:

Data regarding Household Income will not be reported specific to any person or patient. Required reporting aggregates the number of patients of the health center into groups as a percentage of the Poverty Level.

- ___ \$0 - \$10,000 ___ \$70,001 - \$80,000 ___ \$140,001 - \$150,000
___ \$10,001 - \$20,000 ___ \$80,001 - \$90,000 ___ \$150,001 - \$160,000
___ \$20,001 - \$30,000 ___ \$90,001 - \$100,000 ___ \$160,001 - \$170,000
___ \$30,001 - \$40,000 ___ \$100,001 - \$110,000 ___ \$170,001 - \$180,000
___ \$40,001 - \$50,000 ___ \$110,001 - \$120,000 ___ \$180,001 - \$190,000
___ \$50,001 - \$60,000 ___ \$120,001 - \$130,000 ___ \$190,001 - \$200,000
___ \$60,001 - \$70,000 ___ \$130,001 - \$140,000 ___ Over \$200,000

This institution is an equal opportunity employer and provider.

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