Family Health Care

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:** ______________

Primary Medical Insurance: _______ **Medicare** _______ **Medicaid** ______ **Commercial** _____ **None**

Family Size: ______ **Family Size or Household Size is described as persons living under one roof in an interdependent relationship**

Family Gross Income: $_______________ ☐ **Weekly** ☐ **Monthly** ☐ **Annually**

Race:

____More than one race
____American Indian/Alaskan Native
____Asian
____Asian Indian
____Black/African American
____Chinese
____Filipino
____Guamanian or Chamorro
____Japanese
____Korean
____Native Hawaiian
____Other Asian
____Other Pacific Islander (not Hawaiian)
____Samoan
____Unreported/Not Reported
____Vietnamese
____White

Ethnicity:

____Not Hispanic or Latino
____Arab/Chaldean
____Chicano
____Cuban
____Hispanic or Latino
____Mexican
____Mexican American
____Puerto Rican
____Spanish
____Unknown

Please check all that apply:

____ Military Veteran
____ Dependent of Seasonal/Migrant Worker
____ Require Translation Services___________ Native Language
____Seasonal/Migrant Worker
____Primary Language other than English
____Homeless

Sexual Orientation:

____Straight ____Bisexual ____Lesbian/Gay ____Don't know ____Something else

Gender Identity:

____Male
____Female
____Transgender female/male to female
____Transgender male/female to male
____Other

This intuition is an equal opportunity employer and provider.

Form #2053
Revised 6-23-23

Baldwin Family Health Care is a Health Center Program grantee under 42 U.S.C. 254b, and a deemed Public Health Service Employee under 42 U.S.C. 233(g)-(n)