

Account #:

First Name		Middle Name	Last Name	
Mailing Address		City	State	Zip Code
Physical Address (if different)		City	State	Zip Code
Home Phone ()			Cell Phone ()	
For the purposes of sending you health care minders: Okay to receive phone calls? <input type="checkbox"/> Yes <input type="checkbox"/> No			Okay to receive text messages? <input type="checkbox"/> Yes <input type="checkbox"/> No	
E-mail address:		Sex Assigned at Birth: <input type="checkbox"/> Male <input type="checkbox"/> Female		Birth Date (Month/Day/Year) / /
What language do you feel most comfortable using? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____				
Responsible Person (Parent or Legal Guardian signing this form) First Name: _____ Last Name: _____ Mailing Address (if different than above): _____ City/State/Zip: _____ Phone: () _____ Relationship to Patient: _____				
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino				
Which of the following groups do you feel you belong to (select one or more than one): <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Native American/Alaskan <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White (includes Hispanic, Latino and European Middle Easter origin) <input type="checkbox"/> More than One Race				
Experience with Agriculture (Farm Work) 1. In the last 2 years, have you or anyone in your family, worked in any type of agriculture (farm work) like: planting, picking, preparing the soil, packing house, dairy, driving a truck for any type of farm work, etc. <input type="checkbox"/> Yes <input type="checkbox"/> No 2. In the last 2 years, have you or a member of your family moved to another area and lived away from home in order to work in any type of agriculture (farm work)? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Have you or a member of your family stopped migrating to work in agriculture (farm work) because of a disability or age (too old to do the work)? <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Are you seeking employment in agriculture? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you a Veteran of the US Military? <input type="checkbox"/> Yes <input type="checkbox"/> No Family Size: _____ Monthly Gross Income (estimate): _____				