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The federal government is requiring that we ask you these questions.

Name: _____ DOB: _____ DATE: _____

What is your race? Select one:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander: _____
- White/Caucasian
- Multiracial
- Other: _____
- Decline to Answer

What is your preferred language? Select one:

- | | |
|---|--|
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Mandarin-Cantonese | <input type="checkbox"/> Somali |
| <input type="checkbox"/> Mandarin-Chinese | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> English | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> French | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Decline to answer |
| <input type="checkbox"/> Korean | |

Do you consider yourself to be of Hispanic or Latino ethnicity?

Select one: Yes No Decline to answer

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