Applicant/Member Name: _____

Member ID No. (if known): _____

PHC California wants to be sure you get the best care possible. Please answer these questions about your identity. Your answers will help us meet your needs and provide the highest quality of care. If you don't want to fill out this questionnaire, your current or future enrollment in the plan will not be affected.

1. What is your race? *Check all that apply.*

☐ American Indian or Alaska Native	☐ Native Hawaiian or Other Pacific Islander
☐ Asian	☐ White
☐ Black or African American	☐ Other _____
☐ Middle Eastern or North African	☐ *Decline to State*

2. Are you of Hispanic, Latino or Spanish Origin?

☐ No	☐ Yes, Cuban
☐ Yes, Another Latino or Spanish Origin (Argentinean, Peruvian, etc.) _____	☐ Yes, Mexican, Mexican American
	☐ Yes, Puerto Rican
	☐ *Decline to State*

3. In which language do you prefer to receive your medical care? *Choose only one.*

☐ American Sign Language	☐ Russian
☐ Armenian	☐ Spanish
☐ Chinese	☐ Tagalog
☐ English	☐ Vietnamese
☐ Farsi	☐ Other _____
☐ Korean	☐ *Decline to State*

4. In which language do you prefer to read? *Choose only one.*

☐ Armenian	☐ Russian
☐ Braille	☐ Spanish
☐ Chinese	☐ Tagalog
☐ English	☐ Vietnamese
☐ Farsi	☐ Other _____
☐ Korean	☐ *Decline to State*

5. What is your sex at birth? *Choose only one.*

☐ Male	☐ Other
☐ Female	☐ *Decline to State*

6. What is your gender identity? *Choose only one.*

☐ Cisgender (Male or Female)	☐ Non-Binary
☐ Agender	☐ Queer
☐ Bigender	☐ Transgender Female (MtF)
☐ Genderfluid	☐ Transgender Male (FtM)
☐ Intersex	☐ *Decline to State*

7. Which of the following do you identify most closely with? *Choose only one.*

☐ Gay, Lesbian or Homosexual	☐ Asexual
☐ Straight or Heterosexual	☐ Heterosexual MSM (Men who Have Sex with Men)
☐ Bisexual	☐ *Decline to State*

8. What are your pronouns? *Choose only one.*

☐ He/him/his	☐ Ze/hir/hirs
☐ She/her/hers	☐ Xe/xem/xyrs
☐ They/them/theirs	☐ *Decline to State*

Please return this form to a plan representative or send it to Attn: Member Services, PHC California, PO Box 46160, Los Angeles, CA 90046.