

VENTURA COUNTY HEALTH CARE AGENCY
CARING FOR INDIVIDUALS, FAMILIES, AND COMMUNITIES

Your health and well-being is important to us. In an effort to make today's experience the best that it can be, please tell us more about you. The information that you provide will allow us to furnish you with comprehensive, cost-effective, and compassionate medical, social and financial resources throughout our care delivery system.

Client Name: _____ Client Date of Birth: _____

Client Address: _____ Client Phone Number: (____) _____
Street
City State Zip Code

Please check this box for clients under age 18.

I am completing this form for a minor. Relationship to Client: _____

Please check the statement which best describes your housing situation.

- I live in a Board and Care or Group Home facility. (BCGH)
- I am a foster child living in a foster care environment. (FFH)
- I am staying with a series of friends and/or extended family members on a temporary basis or I am staying with family or friends for an indefinite time without paying rent. (HDU)
- I live in permanent supportive housing (eg. Many Mansions). (PSH)
- I live in a public or private facility that provides temporary shelter (such as a shelter or mission). (HSh)
- I live on the streets, in a car, park, sidewalk, or in an abandoned building, or any unstable or non-permanent situation. (HSt)
- I am staying in transitional housing (such as a sober living facility or recovery home). I am transitioning from being homeless (not jail, an institutional program, military, or school) to transitional housing. (HT)
- I am homeless, and none of the other options match my living situation. (HO)
- I live in a long-term care facility. (LTC)
- I live in a skilled nursing facility. (SNF)
- I live in my home which I rent, lease or own. (SH)

Please fill in the following information.

I make approximately \$ dollars per month:

\$0-\$1000 \$1001-\$1500 \$1501-\$2000 \$2001-\$2500 \$2501-and up

Family Size: _____

The Ventura County Health Care Agency would like to connect you to Health-e-Connect, the portal where you can easily access your health care records, including visit summaries and medication lists. You can send a secure message to your health care provider, request blood test results, and request an appointment. By providing your email address, you are agreeing to connect to VCHCA Health-e-Connect.

E-mail address: _____ I decline to provide my e-mail and do not want to connect to Health-e-Connect

The Ventura County Health Care Agency would like to send you text messages such as appointment reminders, outreach, and other educational materials. By providing your mobile phone number, you are agreeing to receive text messages from the Ventura County Health Care Agency.

Mobile Phone: (____) _____ I decline to provide my mobile number and do not want to receive text messages

THIS IS NOT A PERMANENT PART OF THE MEDICAL RECORD

Please check the statement which best describes you.

- I am a farm worker.
- I am not a farm worker.

Please check the statement which best describes your veteran status.

- I am a veteran.
- I am not a veteran.

Please check your sex at birth.

- Female
- Male

Please check your preferred language.

- English
- Spanish
- Mixteco
- Chinese
- Tagalog
- Vietnamese
- Other: _____

Please check the statement which best describes your ethnicity.

- Not Hispanic or Latino
- Hispanic or Latino (Please choose one below)
 - Mexican
 - Mexican American
 - Central American
 - South American
 - Other Hispanic or Latino

Please check the statement(s) which best describes your race. Please mark at least one box, even if you also identify as Hispanic or Latino. Mark all that apply.

American Indian or Alaska Native

- American Indian
- Alaska Native
- Mexican American Indian (including Mixteco)
- Other American Indian/Alaska Native

Asian

- Asian Indian
- Cambodian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian

Black or African American

- Black
- African American
- Other Black or African American (including Hispanic/Latino people of African origin)

White

- European (Caucasian)
- Middle Eastern
- Arab
- Other White (including Hispanic/Latino people of Spanish origin)

Native Hawaiian/Pacific Islander

- Native Hawaiian
- Samoan
- Guamanian or Chamorro
- Other Native Hawaiian/Pacific Islander

Signature: _____ Date: _____

Printed Name: _____ Relationship to Client: _____

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