

PLEASE READ THIS IMPORTANT NOTICE

Name _____ Social Security Number _____

Recent changes in Federal regulation require the Rhode Island Department of Human Services to request racial and ethnic data for all individuals who apply for, or receive, benefits from the Department (Family Independence Program, Medical Assistance, Food Stamps, General Public Assistance or Child Care).

Please take a moment to review the following categories and check those boxes, which describe your race/ethnicity and the race/ethnicity of each member of your household for whom you are **requesting or receiving** benefits. You may mark more than one race designation, if appropriate.

Race Designation (check all that apply for each household member)

Household Member's Name		Is this person Hispanic or Latino?	Race
Last	First Initial	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaska Native
Last	First Initial	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaska Native
Last	First Initial	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaska Native
Last	First Initial	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaska Native

(If additional space is needed, see reverse)

DHS is requesting this information to conform with Federal guidelines.

- 1) The information is voluntary
- 2) The race and ethnic information will not affect an applicant's eligibility or level of benefits
- 3) The reason for the collection of this information is to assure that program benefits are distributed without regard to race, color, or national origin.

PLEASE SEND THIS FORM BACK WITH YOUR APPLICATION OR BRING TO YOUR APPOINTMENT.

Race Designation (check all that apply for each household member)

Household Member's Name		Is this person Hispanic or Latino?	Race
Last	First Initial	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaska Native
Last	First Initial	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaska Native
Last	First Initial	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaska Native
Last	First Initial	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaska Native
Last	First Initial	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaska Native

Please Note: The Rhode Island Department of Human Services greatly appreciates your response. You are not required to provide this information, but doing so provides valuable information which helps establish funding for government programs and determines if we are following Civil Rights laws. Thank you for your co-operation.

Please send this form back with your application or bring to your appointment.