

Client Name: _____ Date of Birth: _____

Today's Date: _____

Meaningful Use for Medicaid/Medicare and Grant Funding Data

Rochester Hearing and Speech Center is funded in part by the United Way of Greater Rochester, as well as other private foundations, and for these funding purposes, the following information is gathered for statistical reports only, is voluntary, and is not shared by client name.

Rochester Hearing and Speech Center also provides services under the auspices of Medicaid and Medicare, and these entities require documented attempt to gather data on race, ethnicity, and language. This information is strictly voluntary, and confidential.

If any area is unchecked, it will be assumed that you do not wish to report.

For Medicaid/Medicare and/or Grant Funding:

ETHNICITY: (check one)

Hispanic Latino Non- Hispanic or Latino Unreported

RACE: (check one) White or Caucasian Black or African American Asian Pacific Islander

Native American or Alaskan Native Native Hawaiian Multi-racial Other Unreported

PRIMARY LANGUAGE: _____

The following information is requested for purposes of Grant Funding only:

Household Income:

Less than \$15,000 \$15,000 to \$24,999

\$25,000 to 44,999 \$45,000 to \$74,999

\$75,000 or greater Unknown

Number of people in the household: _____