Ronald McDonald House®
Northeast Ohio

OPTIONAL

Family Demographics

The following information is collected for statistical use only and is strictly confidential. For your privacy, no names will be used when reporting the following information. This information is necessary when applying for government and private funding.

DATE: _____

Patient's Ethnicity/Race (choose one or more response)

___Aboriginal
___Arabic/Middle Eastern
___Asian
___Black/African Descent
___Caucasian
___East Indian
___First Nation
___Hispanic
___Latino
___Maori
___Multi-Racial
___Native American
___Pacific Islander
___Other

Primary Language Spoken in Your Household

___English
___Spanish
___Other – please specify:_____

Does your family receive any need-based government assistance, such as SSI (disability), unemployment, food stamps, WIC, TANF (welfare/public assistance), public housing assistance/Section 8, etc.?

___Yes ___No