

| DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FORM 4: COMMUNITY CHARACTERISTICS | | FOR HRSA USE ONLY | | | |
|---|--|--------------------------|------|-----------------------------|------|
| | | Grant Number | | Application Tracking Number | |
| | | | | | |
| | CHARACTERISTIC | SERVICE AREA DATA | | TARGET POPULATION DATA | |
| | | # | % | # | % |
| RACE | Native Hawaiian | | | | |
| | Other Pacific Islander | | | | |
| | Asian | | | | |
| | Black/African American | | | | |
| | American Indian/Alaskan Native | | | | |
| | White | | | | |
| | More than One Race | | | | |
| | Unreported/Refused to Report (if applicable) | | | | |
| Total: | | 100% | | 100% | |
| HISPANIC OR LATINO IDENTITY | Hispanic or Latino | | | | |
| | Non-Hispanic or Latino | | | | |
| | Unreported/Refused to Report (if applicable) | | | | |
| | Total: | | 100% | | 100% |
| INCOME AS A PERCENT OF POVERTY LEVEL | Below 100% | | | | |
| | 100-199% | | | | |
| | 200% and Above | | | | |
| | Unknown | | | | |
| | Total: | | 100% | | 100% |
| PRIMARY THIRD PARTY PAYMENT SOURCE | Medicaid/Capitated | | | | |
| | Medicaid/Not Capitated | | | | |
| | Medicare | | | | |
| | Other Public Insurance | | | | |
| | Private Insurance, Including Capitation | | | | |
| | None/Uninsured | | | | |
| Total: | | 100% | | 100% | |
| SPECIAL POPULATIONS | Migrant/Seasonal Farm Workers and Families | | | | |
| | Homeless | | | | |
| | Residents of Public Housing | | | | |
| | Gay, Lesbian, Bisexual, and Transgender | | | | |
| | HIV/AIDS-Infected Persons | | | | |
| | Persons with Behavioral Health/Substance Abuse Needs | | | | |
| | School Age Children | | | | |
| | Infants Birth to 2 Years of Age | | | | |
| | Women Age 25-44 | | | | |
| | Persons Age 65 and Older | | | | |
| | Other | | | | |
| | Please Specify: | | | | |

Note: When completing Form 4 – Community Characteristics – please note that all information provided regarding race and/or ethnicity will be used only to ensure compliance with statutory and regulatory Governing Board requirements. Data on race and/or ethnicity collected on this form will not be used as an awarding factor.

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0285. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-33, Rockville, Maryland, 20857.