

**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 my home which I rent, lease or own.
- I am staying with a series of friends and/or extended family members on a temporary basis.
- I am staying in supportive or transitional housing (such as a sober living facility or recovery home).
- I live in a public or private facility that provides temporary shelter (such as a shelter, mission, single room occupancy facility or motel).
- I have been released from an institution (such as jail, or hospital) without stable housing to return to.
- I live on the streets, in a car, park, sidewalk or in an abandoned building, or any unstable or non-permanent situation.
- I live in a foster care environment.

**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.

If you do not want to connect to Health-e-Connect, please mark this box:

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.

If you do not want to receive text messages, please mark this box:

Mobile Phone: (\_\_\_\_) \_\_\_\_\_ E-mail address: \_\_\_\_\_

**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 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 : \_\_\_\_\_  
Please Specify

**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 : \_\_\_\_\_  
Please Specify

Asian

- Asian Indian
- Cambodian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other : \_\_\_\_\_  
Please Specify

Native Hawaiian

- Native Hawaiian

Pacific Islander

- Samoan
- Guamanian or Chamorro
- Other : \_\_\_\_\_  
Please Specify

White

- European (Caucasin)
- Middle Eastern
- Arab
- Other (including Mexico, Central America, South America and other Latino origin)

Black or African American

- Black
- African American
- Other : \_\_\_\_\_  
Please Specify

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

**THIS IS NOT A PERMANENT PART OF THE MEDICAL RECORD**