

Self-Identification Form

Date: _____

Name: _____

Gender: Male Female

Veteran Status: I am not a Veteran Yes, I am a Veteran

Race/ Ethnicity: Please check one of the descriptions below corresponding to the ethnic group with which you identify.

_____ **Hispanic or Latino**
A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin.

_____ **White**
A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

_____ **Black or African American**
A person having origins in any of the black racial groups of Africa.

_____ **Native Hawaiian or Other Pacific Islander**
A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

_____ **Asian**
A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

_____ **American Indian or Alaska Native**
A Person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

_____ **I do not wish to self-identify**