

ETHNICITY & RACIAL DATA

A copy of this form must be completed by each member of the household

NAME: _____

Relationship to Head of Household: _____ Head of Household
(select one) _____ Co-Head
_____ Spouse
_____ Dependent
_____ Foster Child/Adult
_____ Other Adult
_____ Non-Member

Social Security Number/ TRACS ID: _____

Ethnicity: (select one) _____ Hispanic or Latino
_____ Non-Hispanic or Latino

Race: (select all that apply) _____ American Indian or Alaska Native
_____ Asian
_____ Black or African American
_____ Native Hawaiian or Other Pacific Islander
_____ White

Signature

Date