

## Language and Race/Ethnicity Questionnaire

The Ventura County Health Care Plan (VCHCP) is required to survey our members to identify their language preferences and request race/ethnicity information. If needed, use a separate sheet for additional members.

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| <b>Subscriber Name:</b> _____ <b>VCHCP ID #:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| <b>1. Written language preference:</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Chinese <input type="checkbox"/> Other: _____<br><b>Spoken language preference:</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Chinese <input type="checkbox"/> Other: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| <b>2. Please specify your Race/Ethnicity (Optional) – Select all that apply</b><br><input type="checkbox"/> American Indian or Alaska Native ( <i>For example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.</i> )<br><input type="checkbox"/> Asian ( <i>For example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.</i> )<br><input type="checkbox"/> Black or African American ( <i>For example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.</i> )<br><input type="checkbox"/> Hispanic or Latino ( <i>For example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.</i> )<br><input type="checkbox"/> Middle Eastern or North African ( <i>For example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.</i> )<br><input type="checkbox"/> Native Hawaiian or Pacific Islander ( <i>For example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.</i> )<br><input type="checkbox"/> White ( <i>For example, English, German, Irish, Italian, Polish, Scottish, etc.</i> ) |  |

  

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| <b>Member Name:</b> _____ <b>Relation to subscriber:</b> _____<br><span style="float: right;">(i.e. Spouse, Dependent)</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
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Reminder: For Language Assistance services, call VCHCP at (805) 981-5050 or (800) 600-8247. TDD/TTY for the hearing impaired at (800) 735-2929 to communicate in English or (800) 855-3000 to communicate in Spanish.

Please return the completed form to Member Services via mail, fax, or email: [VCHCP.Memberservices@venturacounty.gov](mailto:VCHCP.Memberservices@venturacounty.gov)