OMB Number: xxxx-xxxx Expiration Date:

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-xxxx. Public reporting burden for this collection of information is estimated to average 30 minutes per respondent annually, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, 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 14-33, Rockville, Maryland, 20857.

Section G: CLIENT FAMILY COMMUNICATION

37. For Caregivers of clients under age 18	37. For Clients 18 years or older		
The following questions pertain to clients under the age of 18 years and their caregivers. (Language)	The following questions pertain to the client 18 years of age or older. (<i>Language categories provided below.</i>)		
categories provided below.)	A. What is the primary spoken language in the client's		
A. What is the primary spoken language in the client's home?	home?		
 B. If English is not your primary language do you require a translator for medical services/medical information? Yes No Not Applicable 			
What, if any, is the secondary spoken language?	What, if any, is the secondary spoken language?		
C. What language is the client/caregiver most comfortable reading? Client:	C. What language are you most comfortable reading?		
☐ Don't Know ☐ Not Applicable	D. What is the highest level of education you attained?		
Caregiver: .	Continue to questions 38 and 39		
D. What is highest level of education attained? <u>Caregiver:</u>			

Don't Know Not Applicable

Continue to questions 38 and 39					
*Language categories: American Sign Language, Arabic, Chinese, Haitian Creole, Igbo, Korean, Somali, Spanish, Vietnamese, Yoruba or please provide any other language not listed.					
	s, Puerto Rican				
2. What is the client's race? Mark (X) one or more boxes. White Black or African American American Indian or Alaska Native- <i>Print name of en</i>	rolled or principal tribe.				
Asian Indian Japanese Native Hawaii Guamanian or Chamorro Filipino Other Asian- Print race, for example, Hmong, Laotia	☐ Vietnamese ☐ Samoan				
Other Pacific Islander- Print race, for example, Fijiar	n, Tongan, and so on.				
Some other race. Print race.					