Approved OMB No. 0503-0019

U.S. Department of Agriculture

**Form to Assist in Assessment**

**of USDA Compliance with Civil Rights Laws**

QUESTIONNAIRE

The purpose of this questionnaire is to gather race, ethnicity, and gender information about persons who apply and participate in this USDA program. The information you provide will not be used when reviewing your application or when determining whether you are eligible to participate in this program. This is a voluntary questionnaire. You are not required to give this information, but we hope you will because the information you give will be used to improve the operation of this program, to help USDA design additional opportunities for program participation, and to monitor enforcement of laws that require equal access to this program for eligible persons. **If you have previously provided this information to USDA please DO NOT fill out this form.** Your information will be kept private to the extent permitted by law. Thank you for your response.

1. What is your name? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Legal Residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is your gender? \_\_\_\_ Male \_\_\_\_ Female

**Please answer BOTH question 4 *and* question 5 below about ethnicity and race. For this questionnaire, Hispanic or Latino origins are not races.**

1. Ethnicity: \_\_\_\_ Hispanic or Latino

\_\_\_\_ Not Hispanic or Latino

1. What is your race? Mark all that apply.

\_\_\_\_\_ American Indian or Alaska Native

\_\_\_\_\_ Asian

\_\_\_\_\_ Black or African American

\_\_\_\_\_ Native Hawaiian or Other Pacific Islander

\_\_\_\_\_ White

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