

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FORM 4: COMMUNITY CHARACTERISTICS	FOR HRSA USE ONLY	
	Grant Number	Application Tracking Number

Note: All information provided regarding race and/or ethnicity will be used only to ensure compliance with statutory and regulatory governing board requirements. Data on race and/or ethnicity collected on this form will not be used as an awarding factor.

The Service Area Percent and Target Population Percent will auto-calculate in EHB and can only be viewed on the read-only version of the form under Review Program Specific Forms in the left side menu.

	CHARACTERISTIC	SERVICE AREA DATA		TARGET POPULATION DATA	
		#	%	#	%
Race and Ethnicity	Asian				
	Native Hawaiian				
	Other Pacific Islander				
	Asian				
	Black/African American				
	American Indian/Alaskan Native				
	White				
	More than One Race				
	Unreported/ Refused -Declined to Report (if applicable)				
Total:		100%		100%	
Hispanic or Latino Ethnicity/IDENTITY	Hispanic or Latino				
	Non-Hispanic or Latino				
	Unreported/ Declin Refused to Report (if applicable)				
	Total:		100%		100%
Income As A Percent Of Poverty Level	Below 100%				
	100-199%				
	200% and Above				
	Unknown				
	Total:		100%		100%
Principal/primary Third Party Payment Source	Medicaid				
	Medicare				
	Other Public Insurance				
	Private Insurance, Including Capitation				
	None/Uninsured				
	Total:		100%		100%
Special Populations and Select Population Characteristics	Migratory and n / Seasonal Farm-Agricultural Workers and Families				
	People Experiencing Homelessness				
	Residents of Public Housing				
	School Age Children				
	Veterans				
	Lesbian, Gay, Bisexual, and Transgender				
	HIV/AIDS-Infected Persons				
	Individuals Best Served in a Language Other Than English				
	Persons with Behavioral Health/Substance Abuse Needs				
	School Age Children				
	Infants Birth to 2 Years of Age				
	Women Age 25-44				
	Persons Age 65 and Older				
	Other				
	Please Specify:				

~~Note: When completing Form 4—Community Characteristics—please note that all information provided regarding race and/or ethnicity will be used only to ensure compliance with statutory and regulatory Governing Board requirements. Data on race and/or ethnicity collected on this form will not be used as an awarding factor.~~

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 0915-0285. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, 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 [14N-390-33](#), Rockville, Maryland, 20857.