



Lincoln County Primary Care Center, Inc. (dba Southern West Virginia Health Systems) is a Federally Qualified Health Center, and as such we qualify for special pricing and discounted costs for our patients. To ensure that we continue to receive this designation and funding, we have to report specific information about the population that we serve.

We ask that you assist us by completing the following information. We understand that some of this information is personal so we are asking that you complete the form instead of reporting it out loud at the check in window. You have the option to decline to answer all of the questions except for marital status.

Patient Social Demographic Form

Name: _____

Date of Birth: _____

How many people live in your household? (circle the correct answer)

1 2 3 4 5 6 7 8 9 10 or more I decline to answer

What is your annual household income? This should be a total for everyone in the house.

\$10,000.00 or Less	\$10,001.00 to \$25,000.00
\$25,001.00 to \$50,000.00	\$50,001.00 to \$75,000.00
\$75,001.00 to \$100,000.00	\$100,001.00 to \$125,000.00
\$125,001.00 to \$150,000.00	\$150,001.00 to \$200,000.00
Higher than \$200,000.00	I decline to answer

If you work as an agricultural worker, please select what type of work.

Not Applicable Migrant Seasonal I decline to answer

If you are currently in a homeless situation, please select your current situation.

Not Applicable Doubling Up Homeless Shelter Street
Transitional Other Unknown I decline to answer

Are you a veteran? Yes No I decline to answer

Do you live in public housing? Yes No I decline to answer

What is your sexual orientation? (ONLY ANSWER IF 12 YEARS OLD OR OLDER)

Lesbian, Gay or homosexual Straight or heterosexual Bisexual
Something else Don't know I decline to answer

What is your gender identity? (ONLY ANSWER IF 12 YEARS OLD OR OLDER)

Male Female Transgender Male (Female- to-Male) Gender Queer
Transgender Female (Male-to-Female) Other I decline to answer

Are you a family planning patient? Yes No I decline to answer

Are you a black lung patient? Yes No I decline to answer

Are you Native Hawaiian? Yes No I decline to answer

Marital Status?

Unknown Married Single Divorced Separated Widowed Partner