

FAMILY &  YOUTH ADVOCACY
CENTER

Legal Services for At-Risk Families

SELF-IDENTIFIED RACE REPORTING

Prospective client name: _____

I/We identify our family members as being a part of the following races:

Please write the number of adults and the number of children in your household that you identify as belonging to each race. Leave any options that do not apply blank.

	Adults	Children
American Indian-Alaskan Native		
Asian		
African American		
Caucasian		
Hispanic		
Other		

I/We decline to answer this question.

I understand that receiving services from the Family and Youth Advocacy Center under the Legal Services for At-Risk Families program **is in no way** impacted by the race(s) with which I/we identify our family members or if I/we declined to answer. This information is simply used for reporting purposes to our funder.\

Client Signature

Date

Guardian/Legal Custodian Signature (if applicable)

Date