



Demographic Data Sheet

Name: _____ Birthdate: _____

Zip Code: _____ Date of Service: _____

Gender: M F

*The United Way of Central Ohio and other funders require us to report certain information about the people that we serve. It is also important to us that our services are provided in a manner that respects each person's cultural background. Therefore, we are asking you to provide us with the following information about the person who will be receiving services. When we report this demographic information to United Way or other funders, **we will not use your name.** Although we do hope you will provide us with this information, you are certainly not required to do so.*

Person served:

No, not of Hispanic, Latino or Spanish origin

Hispanic, Latino or Spanish origin

Please mark the choice which best describes the race/ethnicity of the person served:

White/Caucasian (C)

Black or African-American (B)

African (AF)

Native American or Alaskan Native (N)

Asian (A)

Biracial (BR)

Multiple Races (M)

Other (O) _____

If the person served is an immigrant, please provide the country of birth: _____

Household Income:

Below \$4,999 (A)

\$5,000–\$9,999 (B)

\$10,000–\$19,999 (C)

\$20,000–\$39,999 (D)

\$40,000–\$59,999 (E)

\$60,000–\$79,999 (F)

\$80,000 & above (G)

Do not want to disclose (R)

Number of people who live in the household: _____

Thank you very much for your assistance in providing us with this information.

BUSINESS OFFICE USE ONLY

Client Name _____

SLP/Audiologist _____

Six years of age or older (no need to complete form)

AUDIO DETECTION

Hearing Loss Detected Yes No

If yes,

Audio follow-up recommended

Medical follow-up recommended

Speech screening indicates full evaluation needed.

Yes SNHL

SPEECH/LANGUAGE DETECTION

Speech/Language Delay/Disorder Detected Yes No

Therapy Recommended

DX: _____

Hearing screening indicates full evaluation needed. Yes

VERIFICATION

Yes, appointment made

Yes, appointment kept

Yes, but did not keep appointment

No, on waiting list

No, did not make appointment

No appointment necessary

Client refused to provide information.

Attempted contact on 1: _____

Attempted contact on 2: _____

Attempted contact on 3: _____

Unable to contact