



VENTURA COUNTY
HEALTH CARE PLAN

Language/Ethnicity Questionnaire

The Ventura County Health Care Plan (VCHCP) is mandated by the California Health and Safety Code to survey our enrollee population to identify linguistic needs. In an effort to provide you with the exceptional service you have come to expect with VCHCP, your assistance in providing us with the language preference for you and your dependent(s) would be greatly appreciated.

Please take a moment to complete and return this questionnaire.

Member Name(s): _____

Relation to subscriber: _____ (i.e. Self, Dependent, etc.)

VCHCP Member ID Number: _____

1. What language do you prefer to speak? (Please choose only one.)

- Arabic Armenian Cantonese English Farsi Hmong
- Khmer Korean Mandarin Russian Sign Language
- Spanish Tagalog Vietnamese Other: _____

2. Please specify your ethnicity (Optional)

- White/Caucasian
- Hispanic/Latino
- Black/African American
- Asian/Pacific Islander
- Native American/American Indian
- Other: _____
- Prefer not to specify

Please contact Member Services by phone, mail, or fax this form directly to:

Ventura County Health Care Plan
2220 E. Gonzales Road, Suite 210-B
Oxnard, CA 93036
Phone: (805) 981-5050 or (800) 600-8247
Fax: (805) 981-5051

Reminder: For Language Assistance services, call VCHCP at (805) 981-5050 or (800) 600-8247. TDD/TTY for the hearing impaired at (800) 735-2929 to communicate in English or (800) 855-3000 to communicate in Spanish.