



Language and Race/Ethnicity Questionnaire

The Ventura County Health Care Plan (VCHCP) is mandated by the Department of Managed Health Care to survey our enrollee population to identify linguistic needs. To provide you with the exceptional service you have come to expect with VCHCP, your assistance in providing us with the language preference and race/ethnicity (optional) for you and your dependent(s) would be greatly appreciated. If needed, use a separate sheet for additional members.

Subscriber Name: _____		VCHCP ID #: _____	
1. Written language preference: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Chinese <input type="checkbox"/> Other: _____			
Spoken language preference: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Chinese <input type="checkbox"/> Other: _____			
2. Please specify your ethnicity (Optional) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Declined			
3. Please specify your race (Optional) – Choose one or more.			
<input type="checkbox"/> White	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Declined	<input type="checkbox"/> Other: _____	

Member Name: _____		Relation to subscriber: _____ (i.e. Spouse, Dependent)	
1. Written language preference: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Chinese <input type="checkbox"/> Other: _____			
Spoken language preference: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Chinese <input type="checkbox"/> Other: _____			
2. Please specify your ethnicity (Optional) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Declined			
3. Please specify your race (Optional) – Choose one or more.			
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<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Declined	<input type="checkbox"/> Other: _____	

Member Name: _____		Relation to subscriber: _____ (i.e. Spouse, Dependent)	
1. Written language preference: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Chinese <input type="checkbox"/> Other: _____			
Spoken language preference: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Chinese <input type="checkbox"/> Other: _____			
2. Please specify your ethnicity (Optional) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Declined			
3. Please specify your race (Optional) – Choose one or more.			
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<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Declined	<input type="checkbox"/> Other: _____	

Member Name: _____		Relation to subscriber: _____ (i.e. Spouse, Dependent)	
1. Written language preference: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Chinese <input type="checkbox"/> Other: _____			
Spoken language preference: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Chinese <input type="checkbox"/> Other: _____			
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3. Please specify your race (Optional) – Choose one or more.			
<input type="checkbox"/> White	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Declined	<input type="checkbox"/> Other: _____	

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.

Please return the completed form to Member Services via mail, fax, or email: VCHCP.Memberservices@ventura.org