



KDHE Caregiver/Adult Profile

Alternate ID: _____

First Name _____ Last Name _____

Enrollment Date _____ Date of Birth _____ Sex (check one) Female Male
(Profile created) (mm/dd/yyyy) (mm/dd/yyyy)

Race (Select all that apply)

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Unknown/Not Reported

Ethnicity (Select One)

- Hispanic or Latino
- Not Hispanic or Latino
- Not Reported

Primary Language

- English
- Spanish
- Other Specify Other Language _____

Limited English Proficiency?

- Yes
- No
- Unknown/Not Reported