

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.

If needed, use a separate sheet for additional members.

Subscriber Name: _____ VCHCP ID #: _____
1. <u>Written</u> language preference: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Korean <input type="checkbox"/> Other: _____ <u>Spoken</u> language preference: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Korean <input type="checkbox"/> Other: _____
2. Please specify your ethnicity (Optional) <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Other: _____
Member Name: _____
Relation to subscriber: _____ (i.e. Spouse, Dependent)
1. <u>Written</u> language preference: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Korean <input type="checkbox"/> Other: _____ <u>Spoken</u> language preference: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Korean <input type="checkbox"/> Other: _____
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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 VCHCP Member Services via mail, fax, or email:
 VCHCP.Memberservices@ventura.org**