



**Residence** \_\_\_\_\_ Check if you would prefer not to provide address

|                       |             |              |            |
|-----------------------|-------------|--------------|------------|
|                       |             |              |            |
| <b>Street Address</b> | <b>Town</b> | <b>State</b> | <b>Zip</b> |

**Racial Demographic Information** - Check all that apply

|                  |  |  |  |
|------------------|--|--|--|
| <b>Race</b>      | <input type="checkbox"/> White/Caucasian<br><input type="checkbox"/> Caucasian                                       | <input type="checkbox"/> Black/African<br><input type="checkbox"/> American                                    | <input type="checkbox"/> Asian           |
|                  | <input type="checkbox"/> Native<br><input type="checkbox"/> Hawaiian or<br><input type="checkbox"/> Pacific Islander | <input type="checkbox"/> American<br><input type="checkbox"/> Indian/Alaska<br><input type="checkbox"/> Native | <input type="checkbox"/> Other:<br>_____ |
| <b>Ethnicity</b> | <input type="checkbox"/> Hispanic  | <input type="checkbox"/> Non-Hispanic  | <input type="checkbox"/> Other:<br>_____ |

Please return to: [socialcalls@healthyacadia.org](mailto:socialcalls@healthyacadia.org) or Fax: 207-331-5423  
 If you need help filling out this form, or would like to provide the information  
 over the phone, please call Beth Alteri @ 207- 460 - 2312