

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration Form 4: COMMUNITY CHARACTERISTICS	FOR HRSA USE ONLY	
	Grant Number	Application Tracking Number

Note: When completing this form 4, all information provided regarding race and/or ethnicity will be used only to ensure compliance with statutory and regulatory governing board requirements. Data on race and/or ethnicity collected on this form will not be used as an awarding factor. The Service Area Percent and Target Population Percent will auto-calculate in EHB and can only be viewed on the read-only version of the form under Review Program Specific Forms in the left side menu.

Race	Service Area Number	Target Population Number
Native Hawaiian		
Other Pacific Islanders		
Asian		
Black/African American		
American Indian/Alaska Native		
White		
More than One Race		
Unreported/Declined to Report (if applicable)		
Total: will auto-calculate in EHB		
Hispanic or Latino Ethnicity	Service Area Number	Target Population Number
Hispanic or Latino		
Non-Hispanic or Latino		
Unreported/Declined to Report (if applicable)		
Total: will auto-calculate in EHB		
Income as a Percent of Poverty Level	Service Area Number	Target Population Number
Below 100%		
100-199%		
200% and Above		
Unknown		
Total: will auto-calculate in EHB		
Primary Third Party Payment Source	Service Area Number	Target Population Number
Medicaid		
Medicare		
Other Public Insurance		
Private Insurance		
None/Uninsured		
Total: will auto-calculate in EHB		

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Special Populations	Service Area Number	Target Population Number	
Migratory/Seasonal Agricultural Workers and Families			
Homeless			
Residents of Public Housing			
Lesbian, Gay, Bisexual, and Transgender			
HIV/AIDS-Infected Persons			
Persons with Behavioral Health/Substance Abuse Needs			
School Age Children			
Infants Birth to 2 Years of Age			
Women Age 25-44			
Persons Age 65 and Older			
Other Please Specify: _____			

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0285. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-29, Rockville, Maryland, 20857