



# \* Form 4: Community Characteristics

OMB No.: 0915-0285. Expiration Date: 4/30/2026

<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b> <b>Health Resources and Services Administration</b>  <b>Form 4: COMMUNITY CHARACTERISTICS</b>			FOR HRSA USE ONLY	
			LAL Number	Application Tracking Number
<b>Note:</b> Data on race and/or ethnicity collected on this form will not be used as an awarding factor, but will be used to assess compliance of new applicants with current board composition (element c) in Chapter 20: Board Composition of the Compliance Manual.				
Race	Service Area Population	Service Area Population Percent	Target Population	Target Population Percent
Asian		will auto-calculate in EHBs		will auto-calculate in EHBs
Native Hawaiian		will auto-calculate in EHBs		will auto-calculate in EHBs
Other Pacific Islander		will auto-calculate in EHBs		will auto-calculate in EHBs
Black/African American		will auto-calculate in EHBs		will auto-calculate in EHBs
American Indian/Alaska Native		will auto-calculate in EHBs		will auto-calculate in EHBs
White		will auto-calculate in EHBs		will auto-calculate in EHBs
More than One Race		will auto-calculate in EHBs		will auto-calculate in EHBs
Unreported/ Chose Not to Disclose Race (if applicable)		will auto-calculate in EHBs		will auto-calculate in EHBs
<b>Total:</b>	will auto-calculate in EHBs	<b>100%</b>	will auto-calculate in EHBs	<b>100%</b>

Hispanic or Latino/a Ethnicity	Service Area Population	Service Area Population Percent	Target Population	Target Population Percent
Hispanic or Latino/a		will auto-calculate in EHBs		will auto-calculate in EHBs
Non-Hispanic or Latino/a		will auto-calculate in EHBs		will auto-calculate in EHBs
Unreported/ Chose Not to Disclose Race (if applicable)		will auto-calculate in EHBs		will auto-calculate in EHBs
<b>Total:</b>	will auto-calculate in EHBs	<b>100%</b>	will auto-calculate in EHBs	<b>100%</b>
Income as a Percent of Poverty Guideline	Service Area Population	Service Area Population Percent	Target Population	Target Population Percent
100% and below		will auto-calculate in EHBs		will auto-calculate in EHBs
101-200%		will auto-calculate in EHBs		will auto-calculate in EHBs
Over 200%		will auto-calculate in EHBs		will auto-calculate in EHBs
<b>Total:</b>	will auto-calculate in EHBs	<b>100%</b>	will auto-calculate in EHBs	<b>100%</b>
Principal Third Party Medical Insurance	Service Area Population	Service Area Population Percent	Target Population	Target Population Percent
Medicaid		will auto-calculate in EHBs		will auto-calculate in EHBs
Medicare		will auto-calculate in EHBs		will auto-calculate in EHBs
Other Public Insurance		will auto-calculate in EHBs		will auto-calculate in EHBs
Private Insurance		will auto-calculate in EHBs		will auto-calculate in EHBs
None/Uninsured		will auto-calculate in EHBs		will auto-calculate in EHBs
<b>Total:</b>	will auto-calculate in EHBs	<b>100%</b>	will auto-calculate in EHBs	<b>100%</b>

Special Populations and Select Population Characteristics	Service Area Population	Service Area Population Percent	Target Population	Target Population Percent
Migratory/Seasonal Agricultural Workers and Families		will auto-calculate in EHBs		will auto-calculate in EHBs
People Experiencing Homelessness		will auto-calculate in EHBs		will auto-calculate in EHBs
Residents of Public Housing		will auto-calculate in EHBs		will auto-calculate in EHBs
School Age Children		will auto-calculate in EHBs		will auto-calculate in EHBs
Veterans		will auto-calculate in EHBs		will auto-calculate in EHBs
Lesbian, Gay, Bisexual, and Transgender		will auto-calculate in EHBs		will auto-calculate in EHBs
People Living with HIV		will auto-calculate in EHBs		will auto-calculate in EHBs
Individuals Best Served in a Language Other Than English		will auto-calculate in EHBs		will auto-calculate in EHBs
Other Please Specify (maximum 200 Characters): _____		will auto-calculate in EHBs		will auto-calculate in EHBs

Public Burden Statement: Health centers (section 330 grant funded and Federally Qualified Health Center look-alikes) deliver comprehensive, high quality, cost-effective primary health care to patients regardless of their ability to pay. The Health Center Program application forms provide essential information to HRSA staff and objective review committee panels for application evaluation; funding recommendation and approval; designation; and monitoring. The OMB control number for this information collection is 0915-0285 and it is valid until 4/30/2026. This information collection is mandatory under the Health Center Program authorized by section 330 of the Public Health Service (PHS) Act ([42 U.S.C. 254b](#)). 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 14N136B, Rockville, Maryland, 20857 or [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov).

## Instructions

Report current service area and target population data. Data on race and/or ethnicity collected on this form will **not** be used as an awarding factor, but will be used to assess compliance of new applicants with current board composition (element c) in [Chapter 20: Board Composition](#) of the Compliance Manual. If you compile data from multiple data sources, the total numbers may vary across sources. If this is the case, make adjustments as needed to ensure that the total numbers for the first four sections of this form match. Adjustments must be explained in the NEED section of the Project Narrative.

Service area data must be specific to the proposed project and include the total number of individuals for each characteristic (percentages will automatically calculate in the HRSA Electronic Handbooks (EHBs)). If information for the service area is not available, extrapolate

data from the U.S. Census Bureau, local planning agencies, health departments, and other local, state, and national data sources. Estimates are acceptable.

Target population data are most often a subset of service area population data. Report the number of individuals for each characteristic (percentages will automatically calculate in EHBs). Estimates are acceptable. **Patient data should not be used to report target population data, since patients are typically a subset of this number.**

If the target population includes a large number of transient individuals that are not included in the data set used for service area population data (e.g., census data), adjust the service area population numbers accordingly to ensure that the target population numbers are always less than or equal to the service area population numbers.

**Note:** The total numbers for the first four sections of this form **must match**.

### ***Guidelines for Reporting Race***

- Classify all individuals in one of the racial categories, including individuals who also consider themselves Hispanic or Latino/a. If the data source does not separately classify Hispanic or Latino/a individuals by race, report them as Unreported/Declined to Report.
- Utilize the following race definitions:
  - Asian – Persons having origins in any of the original peoples of the Asia, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, India, Indonesia, Thailand, and Vietnam.
  - Native Hawaiian – Persons having origins in any of the original peoples of Hawaii.
  - Other Pacific Islander – Persons having origins in any of the original peoples of Guam, Samoa, Tonga, Palau, Chuuk, Yap, Saipan, Kosrae, Ebeye, Pohnpei, or other Pacific Islands in Micronesia, Melanesia, or Polynesia.
  - American Indian/Alaska Native – Persons who trace their origins in any of the original peoples of North, South, and Central America, and who maintain tribal affiliation or community attachment.
  - More Than One Race – Persons who are choosing two or more races.

### ***Guidelines for Reporting Hispanic or Latino Ethnicity***

- If ethnicity is unknown, report individuals as Unreported/Declined to Report.
- Utilize the following ethnicity definition for Hispanic or Latino ethnicity – Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

### ***Guidelines for Reporting Special Populations and Select Population Characteristics***

The Special Populations section of Form 4 does not have a row for total numbers. Individuals that represent multiple special population categories should be counted in all applicable categories.