



Form 4: Community Characteristics

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

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

Note: 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		<i>will auto-calculate in EHBs</i>		<i>will auto-calculate in EHBs</i>
Native Hawaiian		<i>will auto-calculate in EHBs</i>		<i>will auto-calculate in EHBs</i>
Other Pacific Islander		<i>will auto-calculate in EHBs</i>		<i>will auto-calculate in EHBs</i>
Black/African American		<i>will auto-calculate in EHBs</i>		<i>will auto-calculate in EHBs</i>
American Indian/Alaska Native		<i>will auto-calculate in EHBs</i>		<i>will auto-calculate in EHBs</i>
White		<i>will auto-calculate in EHBs</i>		<i>will auto-calculate in EHBs</i>
More than One Race		<i>will auto-calculate in EHBs</i>		<i>will auto-calculate in EHBs</i>
Unreported/ Chose Not to Disclose Race		<i>will auto-calculate in EHBs</i>		<i>will auto-calculate in EHBs</i>
Total:	<i>will auto-calculate in EHBs</i>	100%	<i>will auto-calculate in EHBs</i>	100%

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

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

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.

Instructions

Enter your 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](#) in the Compliance Manual. If you get this data from multiple data sources, the total numbers may vary across sources. If this is the case, make adjustments so the total numbers match for the first four sections of this form. Explain your adjustments in the NEED section of the Project Narrative.

Service area data must be specific to the proposed project and include the total number of people for each characteristic. Percentages will automatically calculate 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 people for each characteristic (percentages will automatically calculate in EHBs). Estimates are acceptable. **Do not use patient data for target population data, since patients are typically a subset of this number.**

If the target population includes a large number of transient people that are not included in the data set used for service area population (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 those 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/Chose Not to Disclose Race.
- Use the following race definitions:
 - Asian – People having origins in any of the original peoples of 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 – People having origins in any of the original peoples of Hawaii.
 - Other Pacific Islander – People 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 – People having 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 – People who choose two or more races.

Guidelines for Reporting Hispanic or Latino Ethnicity

- If ethnicity is unknown, report individuals as Unreported/Chose Not to Disclose Ethnicity.
- Use the following definition for Hispanic or Latino ethnicity – People 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.