

## Supplement to VA Form 10-10EZ Questions on Race & Ethnicity

**Response to this questionnaire is entirely voluntary and failure to furnish this information will have no effect on any benefits to which you may be entitled.**

The **Paperwork Reduction Act** of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 1 minute. This includes the time it will take to read instructions, gather the necessary facts and fill out the form.

**Privacy Act Information:** The VA is asking you to provide the information on this form under Title 38, United States Code, sections 1710, 1712, and 1722. The information is collected at the request of the Surgeon General and will help us track diseases that are more common in certain races and ethnicities. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure for: civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration. Failure to furnish the information will not have any affect on any other benefits to which you may be entitled. If you give VA your Social Security Number, VA will use it to administer your VA benefits, to identify veterans and persons claiming or receiving VA benefits and their records, and for other purposes authorized or required by law.

**The Office of the Surgeon General requested that VA collect race and ethnicity information from all of our patients.**

**Please check the boxes that apply to you:**

**Ethnicities: (check one)**

- Spanish, Hispanic or Latino  
 No, not Spanish, Hispanic or Latino

**Race: (check one or more)**

- American Indian or Alaska Native  
 Asian  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 White

**Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**After you have checked the boxes, which apply to you and printed your name and Social Security Number above, return this paper to the administrative area where it was provided to you.**