



DIVISION OF BEHAVIORAL HEALTH AND RECOVERY (DBHR)

## DBHR Target Agency Staff

AGENCY NUMBER
---------------

SECTION I: STAFF PERSONAL INFORMATION			
1. LAST NAME	2. FIRST NAME	3 MIDDLE NAME	4. GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
5. DATE OF BIRTH		6. STAFF IDENTIFICATION	
7. SPANISH/HISPANIC/LATINO (CHECK ONE BOX ONLY)			
<input type="checkbox"/> Cuban <input type="checkbox"/> Not Spanish/Hispanic/Latino <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Mexican, Mexican American, Chicano <input type="checkbox"/> Other Spanish/Hispanic/Latino <input type="checkbox"/> Refused to Answer			
8. RACE/ETHNICITY (CHECK A MAXIMUM OF FOUR THAT APPLY)			
<input type="checkbox"/> Asian Indian <input type="checkbox"/> Japanese <input type="checkbox"/> Other Race <input type="checkbox"/> Black/African American <input type="checkbox"/> Korean <input type="checkbox"/> Refused to Answer <input type="checkbox"/> Cambodian <input type="checkbox"/> Laotian <input type="checkbox"/> Samoan <input type="checkbox"/> Chinese <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Thai <input type="checkbox"/> Filipino <input type="checkbox"/> Native American <input type="checkbox"/> Vietnamese <input type="checkbox"/> Guamanian <input type="checkbox"/> Other Asian <input type="checkbox"/> White/European American <input type="checkbox"/> Hawaiian <input type="checkbox"/> Other Pacific Islander			
9. EMPLOYEE START DATE		10. EMPLOYEE END DATE	