



Demographics: Required for Federally Funded Programs

____ Male ____ Female

Ethnicity: ____ Hispanic or Latino ____ Not-Hispanic or Latino

Race: ____ White ____ Black ____ Amer. Indian ____ Alaskan Native
 ____ Asian ____ Hawaiian / Pacific Islander ____ Unknown

Pregnancy History:

Number of Pregnancies ____ (Twins count as two)

Please check the circles after reading each statement.

- I understand that before I can receive FPEP contraceptive supplies, I must first receive an initial contraceptive counseling appointment with a University Health Center practitioner. If I do not receive the required contraceptive counseling appointment and I pick up contraception at the University Health Center Pharmacy, I will be billed for the cost of the contraceptive prescription or contraceptive supplies.
- I understand if I provided erroneous information that voids eligibility, my Oregon Hall Accounts Receivable will be billed for the usual and customary Health Center fees. I authorize the University Health Center to release any information as required by the Family Planning Expansion Program to Lane County Family Department of Health and Human Services.
- I give the University Health Center permission to contact me by email with FPEP eligibility verification.

SIGNATURE: _____ DATE: _____