



Maui's Native Hawaiian Health Care System

'OHANA REGISTRATION FORM – ADDITIONAL KEIKI FORM

KEIKI INFORMATION			
Keiki's Legal Name: Last: _____ First: _____ Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Hawaiian <input type="checkbox"/> Other: _____	DOB:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity: <input type="checkbox"/> Non-Hispanic/ Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Decline to state
Race: <i>(check all that apply)</i> <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> More than one race <input type="checkbox"/> Refused/Unreported			
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