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**AFFIRMATIVE ACTION SURVEY** (OPTIONAL)  
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**Dear Provider:**

The Department of Human Services, Division of Medical Assistance and Health Services, which administers the New Jersey Medicaid Program, is conducting an Affirmative Action Survey of its participating providers.

This survey is being used as a tool to better understand the diversity of our provider network and the needs of our clients. The completion of this survey is voluntary. The statistical data from this survey will be used for Affirmative Action purposes only and will be maintained separately from all other types of information.

Please refer to definitions below and check or fill in appropriate responses in space indicated:

From N.J.A.C. 4A:7-1.1(D):

"White, Not of Hispanic Origin"	Means persons having origins in any of the original Peoples of Europe, North Africa or the Middle East
"Black, not of Hispanic Origin"	Means persons having origins in any of the Black Racial Groups of Africa
"Hispanic"	Means persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish Culture or origin, regardless of race.
"American Indian or Alaskan Native"	Means persons having origins in any of the original Peoples of North America, and who Maintain cultural identification through Tribal Affiliation Community Recognition.
"Asian or Pacific Islander"	Means persons having origins in any of the original Peoples of the Far East, Southeast Asia, the Indian Subcontinent, or Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.

1. How many direct service providers are of the following racial or ethnic background?

\_\_\_\_\_ White      \_\_\_\_\_ Black      \_\_\_\_\_ Hispanic      \_\_\_\_\_ American Indian  
 \_\_\_\_\_ Asian

2. How many of your support staff are of the following racial or ethnic background?

\_\_\_\_\_ White      \_\_\_\_\_ Black      \_\_\_\_\_ Hispanic      \_\_\_\_\_ American Indian  
 \_\_\_\_\_ Asian

3. How many of service provider(s) speak the following languages?

\_\_\_\_\_ English      \_\_\_\_\_ Spanish      Please list language & numbers  
 \_\_\_\_\_  
 \_\_\_\_\_

4. How many of the support staff speak the following languages?

\_\_\_\_\_ English      \_\_\_\_\_ Spanish      Please list language & numbers  
 \_\_\_\_\_  
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