CLIENT DEMOGRAPHIC INFORMATION

Please provide demographic information on the clients served by your agency's transportation program by completing the following form.

Agency Name:	
Transportation Program Name:	

A. **Senior, Disabled, and Wheelchair Users**

Provide the number of clients you serve that are senior, disabled, or a wheelchair user. If a client can be identified in more than one category, choose the one category that most closely describes the client. A client should only be counted once. For example, an elderly person who uses a wheelchair would be scored once – as a wheelchair user.

- Senior - The Federal Transit Administration (FTA) defines senior as an individual aged 65 or older

- Disabled - A person with a disability is someone, of any age, who is not able to use fully accessible public fixed-route services (whether temporarily or on a long-term basis), regardless of whether they need to use a wheelchair.

Clients	Number of Clients	Percent of Total Clients
Senior		
Disabled		
Wheelchair User (Non-ambulatory)		
Total:		**100%**

B. **National Origin**

Provide a percent breakdown of your clients by national origin. As a subrecipient you are required to report on the breakdown of your client by national origin. You may request this information on an anonymous basis from your clients using surveys, however, it is voluntary for your clients to provide this information. Use the survey data you have to provide the percentage of clients for each national origin category.

National Origin	Percent of Total Clients
American Indian & Alaska Native	
Asian	
Black or African American	
Hispanic or Latino	
Native Hawaiian/Other Pacific Islander	
White/Caucasian	
Other	
Declined to state	
Total:	100%

C. **Limited-English Proficiency (LEP)**

An individual is considered to have LEP if they do not speak English as his/her primary language, or have a limited ability to read, speak, write, or understand English.

Indicate the top ten (as applicable) primary languages other than English that are spoken by your clients and provide an actual or estimated percentage for LEP persons per language.

	Primary Language (ranked by most number of LEP persons)	Number of speakers	Percent of Total Clients
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
	Total:		100%

D. **Low Income**

Please provide the number of clients that are considered low income. The definition of low income is based on household size as follows:

Size of Family Unit	Low Income Threshold
1 person (unrelated individual)	$25,000.00
2 people	$33,000.00
3 people	$40,000.00
4 people	$50,000.00
5 people	$60,000.00
6 people	$70,000.00
7 people	$80,000.00
8 people	$90,000.00
9 people or more	$100,000.00

Clients	Number of Clients	Percent of Total Clients
Low Income		