2025 OR IDA Data Dictionary (for Outcome Tracker)

The data fields below should be entered in the Outcome Tracker (OT) database for all Oregon IDA Initiative (OR IDA) participants. Neighborhood Partnerships (NP) requires these fields for program management and/or evaluation.

Single Client: Participants should only have one System Name ID per FO. If a participant opens two or more IDAs at one FO, then each additional IDA should be added as a subsequent 'account' under the same System Name ID. Ensure that previous application information is saved per the Document Retention SOP, and then overwrite the application information in OT with the most recent application.

Blank Data: Blank data fields are considered data entry omissions, except in the following situations:

1) If a field used to calculate net worth does not apply to the participant, it can be left blank. Zeros do not need to be entered. (Examples: Vehicle 3 value; Home or Condo 2 Value.)
2) Text boxes that only apply if "Other" is selected in a related question, can be blank if the selection in the related question is not "Other". (Examples: Other race or ethnicity; Self Employed if Other.)
3) If any asset-specific questions for Client Info (see page 6: questions 5.4 and 5.5) or Financial Experiences (see page 8: questions B.1, B.2, and B.3) do not apply to the participant's asset class, they can be left blank.

If a participant declines to respond, mark question responses as "**don't want to answer**", "**decline to answer**", or "**decline to ID**". For some questions, "prefer not to say" or "unknown" is an option.

Household Definition: Income and net worth questions request data on an entire "household," as defined in SOP.

Transfer Accounts: Consult the SOPs for direction on transfer accounts. After a transfer has occurred, select "Transfer to another FO or to a family member" as the Closed Reason in Outcome Tracker. An exit Financial Experiences/Financial Capability Scale does **not** need to be completed for participants transferring to another FO or to a family member. (If transferred to a family member, the new saver would complete the intake and exit Financial Experiences/Financial Capability Scale.)

Changing Asset Classes: If a participant changes asset classes, update the asset class on the IDA Accounts Tab > Details > "Intended Use" (see page 9). FOs that offer more than one asset class may want to ask all participants to complete all of the "asset-specific" questions on the Client Info and intake Financial Experiences/Financial Capability Scale (see page 6 and page 8). Alternatively, when a participant changes asset classes, the FO could seek to collect the relevant "asset-specific" information at that point.

Timely data entry: Data should be entered into Outcome Tracker for all OR IDA program participants within 30 days of their first deposit into their IDA savings account. The exit activity/tab should be completed within 30 days of account closure for all participants; the exit Financial Experiences/Financial Capability Scale should be entered within 30 days of account closure for all participants who have exited with match.

Exit Data: A new exit data form should be created for each IDA exit. An additional Financial Capability Scale should be created for each exit that includes a matched withdrawal (program completers). Participants who exit without match do **not** need to complete a Financial Capability Scale at exit.

English, Spanish, Russian, and Arabic versions are available for Eligibility, Client Info, and Financial Experiences (aka Financial Capability Scale, or FCS). See the IDA Provider's Toolbox for fillable **PDF** and **Word** versions. See OT for **online Self-Service Forms** that can be emailed to participants (as well as **invitation email templates** in English, Spanish, Russian, and Arabic).

Contents

Intake Part 1 — Eligibility: Participant Information

<mark>Enter information from the most recent application/intake.</mark> If the participant is applying for a second account, ensure that all application materials from the past are saved for at least 6 years after exit (see SOP on Document Retention).

Question	Guidance	OT Field Name
Name	Name of the IDA holder (participant).	Last Name First Name Middle Name
Preferred Name (optional)	Participant's preferred name (if different from 'First Name'). (**Note:** Supports use of the saver's preferred name rather than a former name, legal or birth name, etc. When NP emails feedback surveys, the email is addressed to saver's Preferred Name, if present.)	Preferred Name (optional)
Address **City** **State** **Zipcode**	Participant's residential address at the time of enrollment. May be updated if the participant moves, but the FO should have documentation that the participant was an Oregon resident at enrollment.	Address City State Zipcode
County at Application	In what county do you currently reside? (**Note: County of residence** at the time of Intake. Do not update if the participant moves.)	County
Phone	Participant's phone number.	Phone
Email	Participant's email address. (**Note:** Necessary for NP to email feedback surveys to participants.)	Email
Birthdate	Participant's date of birth.	Birthdate
Do you currently have an IDA at another organization?	(Note: Must be on application; does not need to be in OT.)	
	No Yes (**Note:** You cannot have 2 IDAs open at the same time.)	
Are you, or anyone in your family, **an employee or member of the board of directors** of this organization?	(Note: Must be on application; does not need to be in OT.) (Optional: Replace "this organization" with your organization's name.)	
	No Yes (Note: If 'yes', see SOP for conflict of interest policies.)	
Asset Goal at Intake:	What is the original Account Intended Use? Select all that apply. If the Intended Use changes, update this under the Accounts tab > Details > Intended Use.	Asset Goal at Intake
	Assistive Technology Business Debt Repayment Education Emergency Savings Home Purchase Home Renovation Rental Retirement Vehicle	

Intake Part 1 — Eligibility: Household Income & Information

<mark>Enter information from the most recent application/intake.</mark> If the participant is applying for a second account, ensure that all application materials from the past are saved for at least 6 years after exit (see SOP on Document Retention).

Question	Guidance	OT Field Name
Public Benefits Certifying Eligibility	If the participant is income-qualified based on public benefits receipt, select the benefit being used to certify eligibility. Total Household Income does not need to be entered for participants who are income-certified through public benefits.	IDA Application Profile.Public Benefits Certifying Eligibility
	LIHEAP (Low Income Energy Assistance Program) Low Income Tax Credit Properties (LITC) Public Housing Refugee Cash Assistance Section 8 SNAP (Supplemental Nutrition Assistance Program) SSI (Supplemental Security Income) TANF (Temporary Assistance for Needy Families) WIC (Women, Infants & Children Supplemental Nutrition Program)	
Total Household Income	Use the Income Calculator to get this number. Must be entered unless the participant is income-certified based on public benefits receipt.	IDA Application Profile.Total Household Income (partic…)
How many adults live in your household, including you?		IDA Application Profile.AFI Household Adults
	1, 2, 3, 4, 5, 6, 7, 8+, Declined to ID	
How many children live in your household, including you?		IDA Application Profile.AFI Household Children
	1, 2, 3, 4, 5, 6, 7, 8+, Declined to ID	
Total Household Size		
	OT auto-calculates this field.	

Intake Part 1 — Eligibility: Assets, Liabilities, Net Worth

Refer to the IDA Net Worth Calculator and SOPs for additional definitions. <mark>Enter information from the most recent application/intake.</mark> If the participant is applying for a second account, ensure that all application materials from the past are saved for at least 6 years after exit (see SOP on Document Retention).

Question	Guidance	OT Field Name
Assets		**IDA Application Profile:**
Cash	Amount your household has in cash.	IDA Application Profile.Cash
Amount in Savings Account(s)	Amount your household has in savings accounts, including certificate of deposits (CDs) & money market accts. **Do not include:** ABLE accounts and 529 College Savings Plans.	IDA Application Profile.Savings Account(s) Amount (not I…)
Amount in Checking Account(s)	**Note:** If the checking account balance is negative, include it in the Liabilities section under 'Other Debts'.	IDA Application Profile.Checking account(s) Amount
Home or Condo 1 Value Home or Condo 2 Value	List your primary residence first. Use www.zillow.com as a reference tool to estimate market value.	IDA Application Profile.Home or Condo 1 Value, etc.
Vehicle 1 Value Vehicle 2 Value	List the most valuable vehicle first. Use www.kbb.com as a reference tool to estimate value.	IDA Application Profile.Vehicle 1 Value, etc.

Vehicle 3 Value		
Retirement Accounts	Include any IRS qualified retirement plan. Commonly includes: 401(k)s, IRAs, 403(b)s, ESOPs (Employee Stock Ownership Plan), and pension plans like PERS if they carry a balance.	IDA Application Profile.Retriement 401k / IRA
Other Investments	Include Trust Funds and other stocks or bonds.	IDA Application Profile.Other Investments
All Other Assets	Sum of all other assets that have a market value of more than $500, not including household goods.	IDA Application Profile.Other Assets
Total Assets	OT auto-calculates this field.	IDA Application Profile.Total Assets
Liabilities		
Home or Condo 1 Loan Home or Condo 2 Loan	Total owed on the mortgage or loan for a condo or house, in the same order as listed under Assets.	IDA Application Profile.Home 1 Mortgage Balance, etc.
Vehicle 1 Loan Vehicle 2 Loan Vehicle 3 Loan	Total loan balance on Vehicles owned, in the same order as listed under Assets.	IDA Application Profile. Vehicle 1 Loan, etc.
Credit Cards	The cumulative balance on all credit cards.	IDA Application Profile.Credit Card Balance Amount (Visa…)
Student Loans Balance	Total of all student loan debt, regardless of the monthly payment.	IDA Application Profile.Student Loans Balance
Medical Debt	Total of all medical bills owed.	IDA Application Profile.Medical Bills Balance
Unpaid Taxes	Total unpaid or overdue. Note for participant: If court ordered, these can be subject to garnishment from an IDA account.	IDA Application Profile.Unpaid Income/Property Taxes
Child Support Payments	Total unpaid or overdue. Note for participant: If court ordered, these can be subject to garnishment from an IDA account.	IDA Application Profile.Child Support Payments
Other Debts	Sum of other debt, including: money owed to family or friends, store credit, personal lines of credit, payday loans, overdrawn checking account, etc.	IDA Application Profile.Other Debts
Total Debts	OT auto-calculates this field.	IDA Application Profile.Total Debts
Net Worth		
Full Net Worth	OT auto-calculates by subtracting 'Total Debts' from 'Total Assets' to get the household's full net worth. Uses a negative sign (-) if the participant has more debt than assets.	IDA Application Profile.Full Net Worth (assets minus deb…)
ORIDA Net Worth	OT auto-calculates. *Excludes the assets and debt of a participant's primary residence, one vehicle, and up to $120,000 of Retirement.* It should be less than $20,000 for all IDA participants. A negative sign (-) is used if the participant has more debts than assets.	IDA Application Profile.Orida Eligible Net Worth…

Intake Part 2 — Client Info (for all participants, upon IDA Opening)

Question	Guidance	OT Field Name
Date	Date that Client Info was filled out.	
1.1. What language(s) do you use **at home**? (Select **ALL** that apply, and/or write a response.)		REALDLangIdent
	English Spanish Russian Vietnamese Somali Arabic American Sign Language Other language(s) – please list all: *[open-ended text]*	*REALD.LangIdent.Text*
1.2. What language would you prefer for **speaking** with IDA staff? (Select **ONE**.)		REALDLangSpeakDDL
	English Spanish Russian Vietnamese Somali Arabic American Sign Language Other language(s) – please list one: *[open-ended text]*	*REALD.LangSpeak*
1.3. What language would you prefer for **reading** IDA documents, forms, or materials? (Select **ONE**.)		REALDLangReadDDL
	English Spanish Russian Vietnamese Somali Arabic Other language(s) – please list one: *[open-ended text]*	*REALD.LangRead*
1.4. If you use a language other than English: How well do you speak English?		REALD.LangEngLvl
	Very well Well Not well Not at all Don't know Don't want to answer Not applicable, because English is my primary language	
2.1. How do you identify your **race, ethnicity, tribal affiliation, country of origin, or ancestry?**		REALD.RaceIdent
	[open-ended text] Optional, but participants may respond if they want.	
2.2. Which of the following describes your **racial or ethnic identity?** (Select **ALL** that apply.)		***(SEE APPENDIX.)***
	See Appendix (last page of this document) for a listing of all racial and ethnic categories, checkboxes, and hover/help text providing further details on particular categories.	
3.1. Are you **deaf** or do you have **serious difficulty hearing**?		REALD.Dear
	Yes No Don't know Don't want to answer	
3.2. Are you **blind** or do you have **serious difficulty seeing**, even when wearing glasses?		REALD.Eye
	Yes No Don't know Don't want to answer	

3.3. Do you have **serious difficulty walking or climbing stairs**?	REALD.Dphy

Yes
No
Don't know
Don't want to answer

3.4. Because of a physical, mental, or emotional condition, do you have **serious difficulty concentrating, remembering, or making decisions?**	REALD.Drem

Yes
No
Don't know
Don't want to answer

4. What is your gender? (Select **ALL** that apply.)	IDA.Gender

Man
Woman
Non-binary
Two-spirit
Prefer not to say
Prefer to write in: *[open-ended text]++* — *IDA.Gender--fill in*

5.1. If currently under age 26: Have you been in **foster care**?	IDA Application Profile.Foster Youth

Yes
No
Unknown/Decline to Answer
Not applicable, because I am age 26 or older (In OT, select Unknown/Decline.)

5.2. All clients: Have you served in the **military**?	Client Profile.Veteran

Yes
No
Unknown/Decline to Answer

5.3. All clients: What is the highest level of **education you have completed**?	IDA Application Profile.AFI Education Comp

Some K-12 School
High School Diploma/GED
Vocational School Diploma/Degree
Some College (no degree)
Associate's Degree
Bachelor's Degree
Graduate Degree
Decline to answer (or unknown)

5.4. If enrolling in an Education IDA: Do you have a **parent who attended or graduated from a four-year college or university**?	REALD Parent College Education

No
A parent attended (but did not graduate)
A parent graduated (with a Bachelor's degree)
Decline to answer (or unknown)
Not applicable, because I am not enrolling in an Education IDA.

5.5. If enrolling in a Home Purchase IDA: Do you or anyone in your household currently live in **public housing**, or receive **housing assistance like Section 8**?	IDA Application Profile.Receive Federal Housing Assistance

Yes
No
Unknown/Decline to Answer
Not applicable, because I am not enrolling in a Home Purchase IDA (In OT, select Unknown/Decline.)

Intake & Exit — Financial Experiences: Fin Cap Scale (for all participants)

This is a repeatable activity that should be completed at intake by all participants, and at exit by participants who have made a matched withdrawal. Youth age 17 and younger are exempt (if youth turn 18 while they are saving, they should complete the Fin Cap Scale at exit).

Date Financial Capability Scale Completed	Financial Capabilities Scale.Enrollment Begin Date
The date the participant completed the Financial Capability Scale (FCS). It should be completed at intake by all participants, and at exit by participants who have made a matched withdrawal. This date will be compared with the date Financial Education is completed.	
Participant Declines to Answer	Financial Capabilities Scale. Participant Declines to Answer
If the participant declines to complete the Financial Capability Scale, select "Yes". Yes	
A.1. Do you <u>currently</u> have a personal budget, spending plan, or financial plan?	Financial Capabilities Scale. Do You Currently Have A Personal Budget…
Yes No	
A.2. How <u>confident</u> are you in your ability to achieve a financial goal you set for yourself today?	Financial Capabilities Scale. How Confident Are You…
Not at all confident Somewhat confident Very confident	
A.3. If you had an unexpected expense or someone in your family lost a job, got sick or had another emergency, how <u>confident</u> are you that your family could come up with money to make ends meet within a month?	Financial Capabilities Scale. If You Had An Unexpected Expense…
Not at all confident Somewhat confident Very confident	
A.4. Not including your IDA, do you <u>currently</u> have an automatic deposit or electronic transfer set up to put money away for a future use (such as savings)?	Financial Capabilities Scale. Not Including Your Ida,…
Yes No	
A.5. Over the <u>past month</u>, would you say your family's spending on living expenses was <u>less than</u> its total income? (May substitute this question with text such as, "Did you have money left over at the end of last month?")	Financial Capabilities Scale. Over The Past Month…
Yes No	
A.6. In the <u>last 2 months</u>, have you been charged a late fee on a loan or bill?	Financial Capabilities Scale. In The Last 2 Months…
Yes No	
A.7. How would <u>you</u> rate your <u>current</u> credit record?	Financial Capabilities Scale. How Would You Rate Your…
Very bad Bad About average Good Very good	

A.8. Do you <u>currently</u> have at least one financial goal?	Financial Capabilities Scale. Do You Currently Have At Least One Financial Goal?
Yes No	
Total FCS Score	Financial Capabilities Scale. Total Fcs Score
OT auto-calculates a score between 0-8 based on the scoring rubric for the FCS.	

Intake & Exit — Financial Experiences: For Business or Microenterprise IDAs

Question	Guidance	OT Field Name
B.1. If you are self-employed: On average, did you work on your business full-time, part-time, or seasonally in the last 12 months?		FCS.BusinessQuestions.Self-Employed?
	Full Time (35 or more hours per week) Part time/seasonally Other (Please specify in text box) [open-ended text] Decline to answer (**Note:** If the business hasn't started yet, select 'Other'. Then, in the text box, write "business not started".)	
B.2. Estimated Total Sales: About how much did your business earn in gross sales or income last calendar year, before paying all expenses?		FCS.BusinessQuestions.Business Gross Sales, Last Calendar Year
	Enter a dollar figure (can be an estimate). Enter $0 if there was no income (including if the business hasn't started yet).	
B.3. Estimated Total Profit: About how much profit did your business earn last calendar year? (Total income after paying all expenses. Expenses do not include income you paid yourself.)		FCS.BusinessQuestions.Business Profits, Last Calendar Year
	Enter a dollar figure (can be an estimate). Enter $0 if there was no income (including if the business hasn't started yet).	

Account Details (IDA Accounts)

Question	Guidance	OT Field Name
Agency/ Collaborative Partner	Name of partner organization serving the participant.	IDA Account Collaborative Name
	[Drop down list]	
Account Status		IDA Account Status
	Application Enrollment Closed Open Inactive/leave of absence Inactive/closure pending Canceled (never opened)	

Matching Start Date	Usually set to default to "Date the Account was Opened" when a Program Type has been selected. In unique situations, this field can be used to delay when match begins. Otherwise, by default, matching will begin with the first deposit.	
Matching End Date	OT will not match deposits in the account if they are after the matching end date. This field can be left blank or be set to auto-fill when a Program Type is selected.	
First Matched WD Date **Goal Reached Date**	Auto-fills.	
Application Date	The date a participant applies to the OR IDA program. It is used to determine that the appropriate income eligibility limits have been applied.	IDA Account Application Date
Enrollment Date	The date a participant is determined eligible and approved to complete remaining enrollment documentation or authorized to open an IDA account.	IDA Account Enrollment Date
Opened Date	The date a participant makes their first deposit.	IDA Account Opened Date
Closed Date	The date a participant makes their final matched withdrawal.	IDA Account Closed Date
Closed Reason	The primary reason the account closed. Completion of this field signals Neighborhood Partnerships to email the appropriate exit survey. Completed/Successfully made matched withdrawal *(select if the participant makes any matched withdrawal, even if the saver did not utilize the full amount of matching funds allocated to them)* Participant decided to exit Program exited the participant involuntarily Moved out of state/area Transfer to another FO or to a family member *(when a participant's account is transferred to another FO, or the savings are transferred to a family member)* Deceased *(participant has deceased)*	IDA Account Closed Reason
Intended Use	The current asset class the participant is saving for. If a participant changes their asset class, it should be recorded here on the Accounts tab. 529 College Savings Account Assistive Technology Business Debt Repayment Education Emergency Savings Home Purchase Home Renovation Rental Retirement Vehicle	IDA Account Intended Use
Match Rate	The rate at which the participant's savings are being matched.	IDA Account Match Rate
Match Source Group	The name of the match source group applying match funds to the participant.	IDA Account Match Group Source Funding Source

Match Source Group End Date	The end date for a particular match source group. If more than one match source group is assigned to a client, this field needs to be filled in for one of the match source groups. If any transactions are entered after this date, OT will stop matching from the match source group. This helps in situations where an organization needs to stop using one grant and start using another. **Consult NP for assistance.**	
Annual Match Limit	A limit on the amount of matching funds a client may receive in a 12-month period. This field should be set to $6,000 for Oregon IDA Savers to ensure that a participant is not given match in excess of the annual limit set in Oregon Statute. **Annual Match Limit** was added to OT in **March 2022.** Accounts opened after its addition should use the program type that includes Annual Match Limit (rather than **Max Annual Savings Matched**). *(This field is based on match limit, not savings limit.)* **To add 5:1 Match Limit Program Type**, see this video walkthrough, or consult NP for assistance: www.youtube.com/watch?v=y-o50wFA4dw	IDA Account Annual Match Limit
Total Match Limit	The total amount of match the participant is being allocated. OT will not match deposits in the account once they have reached their total match limit. **Total Match Limit** was added to OT in **March 2022.** Accounts opened after its addition should use the program type that includes Total Match Limit (rather than **Max Total Savings Matched**). *(This field is based on match limit, not savings limit.)* **To add 5:1 Match Limit Program Type**, see this video walkthrough, or consult NP for assistance: www.youtube.com/watch?v=y-o50wFA4dw	IDA Account Total Match Limit
Max Annual Savings Matched **(no longer used for new accounts)**	A limit on the amount of client *savings* that may be matched in a 12-month period, given the client's current match rate. For clients assigned to older program types (created before Spring 2022), this field helps ensure that a client is not given match in excess of the annual legal limit. Accounts opened after March 2022 should use the program type that includes **Annual Match Limit** (rather than **Max Annual Savings Matched**). Older accounts can be changed to the new program type, if desired.	IDA Account Maximum Annual Match
Max Total Savings Matched **(no longer used for new accounts)**	The total amount of the client's *savings* that can be matched. For clients assigned to older program types (created before Spring 2022), OT will not match deposits in the account once their total amount saved exceeds the total amount entered here. Accounts opened after March 2022 should use the program type that includes **Total Match Limit** (rather than **Max Total Savings Matched**). Older accounts can be changed to the new program type, if desired.	IDA Account Maximum Total Match
Partner Financial Institution	**Custodial Accounts:** The financial institution where the IDA is held. This field is required to enable bank uploads to function correctly. **Non-Custodial Accounts:** For all IDAs held in Non-Custodial Accounts, the Partner Financial Institution should be named "Non-Custodial Account". Then write the name of the financial institution in "Account Description".	IDA Account Partner Financial Institution Name
Bank Account Number	**Custodial Accounts:** Full bank account number. **Non-Custodial Accounts:** Last 4 digits of bank account number.	IDA Account Bank Account Number

Account Description	**Custodial Accounts:** OK to leave blank, or have internal notes in this field. **Non-Custodial Accounts:** Write the name of the financial institution. (It's OK to also have internal notes in this field.)	Account Description

Transactions

Date and amounts for all transactions

Types and descriptions for all transactions
Deposit Fees Interest Accrued Matched Withdrawal (Participant deposits plus interest withdrawn) Unmatched Withdrawal (A withdrawal that is not eligible for match, or for which a participant has declined matching funds)

Withdraw Use	Enter for all matched withdrawals *and matched withdrawal adjustments*. Specify the type of matched withdrawal. Used by NP to calculate total match going to each asset.
	529 College Savings Account Assistive Technology Business Debt Repayment Education Emergency Savings Home Purchase Home Renovation Rental Retirement Vehicle

Exit Information

In addition to the **exit** tab, a new **Financial Experiences/Capability Scale** tab/activity should be completed for participants who exit with match.

Question	*Guidance*	*OT Field Name*
Address City State Zip Code	Participant's **mailing** address at the time of exit, or expected address if the participant will soon be closing on a home. Because entering a new address will override the address at the time of enrollment, the FO should have documentation that the participant was an Oregon resident at enrollment: Usually this is in a paper application or a photocopy of the driver's license.	System
Email address	Participant's email address; important to NP for sending out participant feedback surveys.	System
Financial Education Completed?	Did the participant complete financial education before exiting the program?	IDA At Exit Information.Financial Ed Completed
	Completed Partially completed Not started	
Financial Education Completed Date	Date the participant completed financial education (if completed); used to understand the Financial Capability Score in context. If financial education was not completed, this field can be left blank.	IDA At Exit Information.Financial Ed Completed Date

Appendix: Client Info, Question #2.2 (multi-select checkboxes for race/ethnicity)

(Note: Due to OT functionality, each race/ethnicity "section" below is technically its own question.)

2.2. Which of the following describes your racial or ethnic identity? (Select ALL that apply.)

Hispanic and Latino/a/x:
(OT Name: REALD.RaceCat1Latinx.Options)
☐ Central American
☐ Mexican
☐ South American
☐ Other Hispanic or Latino/a/x

Native Hawaiian and Pacific Islander:
(OT Name: REALD.RaceCat2NHPI.Options)
☐ CHamoru (Chamorro)
☐ Marshallese
☐ Communities of the Micronesian Region
☐ Native Hawaiian
☐ Samoan
☐ Other Pacific Islander

American Indian and Alaska Native:
(OT Name: REALD.RaceCat4AIAN.Options)
☐ American Indian
☐ Alaska Native
☐ Canadian Inuit, Metis, or First Nation
☐ Indigenous Mexican, Central, or South American

Black and African American:
(OT Name: REALD.RaceCat5BAA.Options)
☐ African American
☐ Afro-Caribbean
☐ Ethiopian
☐ Somali
☐ Other African (Black)
☐ Other Black

Middle Eastern/North African:
(OT Name: REALD.RaceCat6MENA.Options)
☐ Middle Eastern *(Includes: Bahrain, Cyprus, Iran, Iraq, Israel, Jordan, Kuwait, Lebanon, Oman, Palestine, Qatar, Saudi Arabia, Syria, Turkey, United Arab Emirates, Yemen. Afghanistan is considered Middle Eastern by some.)*
☐ North African *(Includes: Algeria, Libya, Egypt, Morocco, Tunisia)*

Asian:
(OT Name: REALD.RaceCat7Asian.Options)
☐ Asian Indian *(Includes: Asian Indian, Bengali, East Indian, Punjabi)*
☐ Cambodian
☐ Chinese
☐ Communities of Myanmar
☐ Filipino/a
☐ Hmong
☐ Japanese
☐ Korean
☐ Laotian
☐ South Asian *(Includes: Bangladeshi, Bhutanese, Maldivian, Nepali, Pakistani, Sri Lankan. Afghan is considered South Asian by some.)*
☐ Vietnamese
☐ Other Asian

White:
(OT Name: REALD.RaceCat3White.Options)
☐ Eastern European *(Includes: Albania, Armenia, Azerbaijan, Estonia, Georgia, Hungary, Latvia, Lithuania, Moldova, Romania. Afghanistan is considered Eastern European by some.)*
☐ Slavic *(Includes: Bosnia and Herzegovina, Bulgaria, Belarus, Czech Republic, Croatia, Macedonia, Montenegro, Poland, Russia, Serbia, Slovakia, Slovenia, Ukraine)*
☐ Western European *(Includes: Andorra, Austria, Belgium, Denmark, Finland, France, Germany, Iceland, Ireland, Italy, Liechtenstein, Luxembourg, Malta, Monaco, Netherlands, Norway, Portugal, San Marino, Spain, Sweden, Switzerland, United Kingdom)*
☐ Other White

Other:
(OT Name: REALD.RaceCat8Other.Options)
☐ Other – please list ALL:
(OT Name: REALD.RaceCat.OtherWriteIn)

_____

☐ Don't know
☐ Don't want to answer