

Race in P1, HPF & ACES

RACE

P1

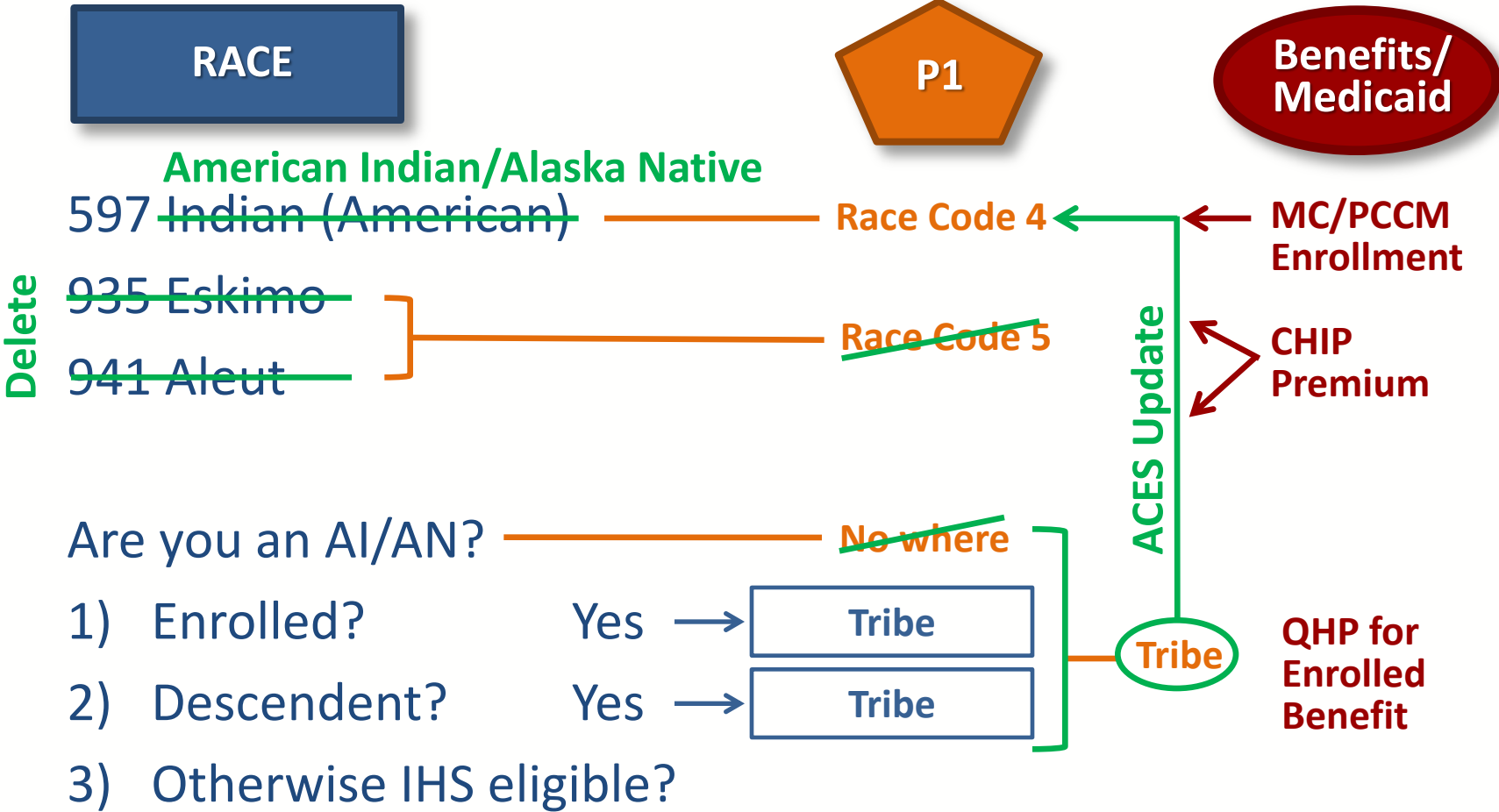
597 Indian (American) ——— Race Code 4

935 Eskimo
941 Aleut } ——— Race Code 5

Are you an AI/AN? ——— No where

- 1) Enrolled? Yes → Tribe
 - 2) Descendent? Yes → Tribe
 - 3) Otherwise IHS eligible?
- } ——— Tribe

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Race/Ethnicity Code

- **597 - Indian (American)**
- 599 - Asian, Per SDX
- 604 - Cambodian
- 608 - Filipino
- 612 - Korean
- 618 - Thai
- 653 - Hawaiian
- 660 - Guamanian
- 799 - Other Race
- 870 - Black/African American
- **941 - Aleut**
- 600 - Asian Indian
- 605 - Chinese
- 611 - Japanese
- 613 - Laotian
- 619 - Vietnamese
- 655 - Samoan
- 699 - Other API
- 800 - White
- **935 - Eskimo**
- 999 - Unreported

[About You](#) | Washington Healthplanfinder

[www.wahealthplanfinder.org/HBEWeb/DisplayAboutYou](#)

About You * REQUIRED FIELD

We are now going to collect some information about you and your household to help you find health coverage options

Paper application submitted

SUBMITTED DATE *

FIRST NAME * M.I. LAST NAME * SUFFIX

Notice:
Please provide your official name such as the name on your social security card.

SOCIAL SECURITY NUMBER * DATE OF BIRTH *

SOCIAL SECURITY DISCLOSURE

SEX *

MALE
 FEMALE

WHO ARE YOU APPLYING FOR? *

DO YOU WANT TO APPLY FOR HEALTH INSURANCE PREMIUM TAX CREDIT, COST-SHARING REDUCTIONS OR WASHINGTON APPLE HEALTH? *

YES
 NO

RACE HISPANIC ORIGIN *

ARE YOU AN AMERICAN INDIAN OR ALASKAN NATIVE? *

YES
 NO

Yes, I have read the Washington Healthplanfinder Privacy Policy*

[Next](#)

Race in HPF

- Are you AI or AN? (a yes answer will trigger three more questions)
 - *Are you enrolled in a Tribe? (answer yes and get AI/AN cost sharing benefits in QHPs)*
 - *Are you a descendant?*
 - *Are you IHS eligible?*