

CAMP POLICIES

Necessary Camper Dismissal from Camp:

Parents/Guardians are responsible for promptly picking up campers as a result of illness, behavioral conduct, injury, or any unforeseen circumstances. The camp will notify parents or guardians immediately if such a situation arises, and it is expected that they make arrangements for early pickup as needed.

Cell Phones:

At camp, we believe that the experience of disconnecting from the digital world and connecting with the camp community is essential for a positive, safe, and fun week. Stepping away from cell phones and electronic devices allows campers to fully immerse themselves in camp activities. We also prioritize the privacy of all campers. Additionally, we want to protect personal property from potential loss or damage. With this in mind, we have established the following guidelines regarding cell phones and electronics at camp:

- No cell phones or electronic devices: Campers are not permitted to bring cell phones or other electronic devices to camp.
- Secure storage: Any devices brought to camp will be securely stored in the camp office until the end of the session.
- Responsibility: We are not responsible for any damage, loss, or theft of electronic devices.

Calling Home: Camp provides a great opportunity for children to learn independence. For this reason, telephones are not available to campers. Exceptions may be made for special circumstances or emergencies. Please do not give your child a calling card or promise that they can call home.

Homesickness: We believe camp is an excellent place for kids to learn how to manage homesickness. Parents can help by reminding their child about the fun activities and new friendships they'll experience. Based on our experience, calls home—whether from the child or the parents—often make homesickness worse. We will only contact parents if the situation becomes unmanageable.

Other Illness or Injury: If a child becomes ill (fever, vomiting, or flu-like symptoms) or suffers an injury that requires medical attention beyond what the camp staff can provide (such as stitches, a head injury, or broken bones), the child's Parents/Guardians will be contacted and asked to pick them up. A health screening will be conducted during the first day of registration. Please ensure your child is symptom-free for at least 24 hours before camp if they've experienced fever, vomiting, diarrhea, or other flu-like symptoms.

First Menstruation: If it is the first time, we generally try to contact parents. This can be an anxious and exciting time in the life of a young girl. We believe parents should be a part of this. If your daughter will be having her period during her camping session, please make sure she has all the necessary supplies to be comfortable. Our leadership and healthcare staff will be available to help and provide additional supplies if needed.

Early Release: Parents are welcome to pick up their child at any time during the session if they choose to remove them early. However, advanced notice must be given to the camp office so we can prepare the camper and their belongings. The person picking up the child must be listed as an emergency contact on the application. Please note that unless it's a medical emergency, no refund will be given for early release.



CAMP POLICIES (continued.)

Behavior Policy: If a camper violates the rules or displays poor judgment, they will be referred to leadership staff and given a verbal warning. A second incident will result in a referral to leadership and the program director, along with a written warning. If a third incident occurs, the parents will be contacted and expected to pick up the child. No refund will be given for behavior-related dismissals. Additionally, if a child is dismissed for behavior, they will not be allowed to attend another session during the same summer. Parents must come to camp to pick up their child if dismissed due to behavior issues.

Bullying: Bullying occurs when someone excludes, teases, taunts, gossips, hits, kicks, or puts down another person with the intent to hurt them. This behavior is inexcusable, and we have a strict policy against all forms of bullying. Any instance of bullying may result in disciplinary action.

Canteen: Campers do not need to bring money, as snacks will be provided free of charge. Campers will not have the opportunity to spend money at any time during their stay.

Dietary Restrictions: Campers are often more willing to try new foods and tend to eat heartily due to the physical activity. The menu is child-friendly, nutritious, and follows USDA standards, with meals served family-style to foster a sense of community. If your child has any dietary restrictions or special needs, please be sure to include them on the camper application. This allows us to make the necessary accommodations to ensure your child's needs are met during their time at camp.

Lice: We ask that all campers are checked for lice before arriving at camp. If a child arrives with lice, it can be stressful for them and difficult for us to treat, given time and staff constraints. In some cases, the camper may need to go home. Please check and treat for lice before camp to avoid this issue and ensure a smoother experience for your child.

Physical Demands of Wilderness Camp: Before enrolling your camper, please ensure they have the physical ability to participate in activities like hiking, biking, swimming, sports, and rock climbing. Prior experience is not required, but campers must be physically able and willing to participate.

Medication: All prescription and over-the-counter medications must be in their original containers. Camp cannot accept or distribute any medication not in the original container.

Alcohol, Drugs, & Weapons: Alcohol, drugs, and weapons are not permitted at camp. A camper will be dismissed if found in possession of any of these items.

Suspicion of Harm: Camp leadership reserves the right to inspect a camper's belongings due to the suspicion of harm, theft, or the possession of alcohol, drugs, or any weapon.

Animals: Pets are not allowed at camp, except for certified service animals. Prior approval is required for campers with service animals.

Mandated Reporting: Our staff are mandated reporters, meaning they are legally required to report any suspicion of abuse or neglect. While it is not our intention to seek out such information, we are obligated to report any concerns in the best interest of the child's safety and well-being.



WHAT TO BRING TO CAMP

Camp is a great opportunity to connect with nature, escape the hustle and bustle of daily life, and step out of your comfort zone! To help ensure your camper is fully prepared for the experience, please keep the following in mind:

- **Closed-toe shoes** (running, hiking, cross-training, or tennis shoes)
- **5+ changes of clothes, socks, and underwear**
- **Flip-flops/sandals** for showers and the pool
- **Light clothing** for outdoor activities
- **Warm clothing** (long pants, sweater, jacket, etc.) for chilly mornings, nights, and campfires
- **Toiletries:** deodorant, body wash/soap, shampoo, toothbrush, toothpaste, sunscreen
- **Bedding:** sleeping bag and pillow (or sheet, blanket, and pillow)
- **Pajamas**
- **Reusable water bottle**
- **Flashlight**
- **One-piece swimsuit** (or a t-shirt to cover a two-piece)
- **May come in handy:** bug spray, hat, sunglasses
- **Towels** (maybe: one for the pool and one for showers)
- **Medications, inhalers, and epipens** (in original containers)
- **Please do not bring:** electronic devices, hair dryers, curling irons, hair straighteners, razors, alcohol, illegal drugs, sports equipment, animals, or weapons of any kind.

WILDERNESS CAMP

- Be sure to bring all of the above, especially warm clothes, light clothing, tennis shoes, swim suits, and warm bedding.
- A reusable water bottle, proper footwear, and a backpack will ensure comfort and hydration during outdoor activities.



Parental Statements

AUTHORIZATION FOR CONSENT TO EMERGENCY MEDICAL CARE

In case of serious illness/injury you will be contacted to pick up your child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for Wilderness camp use.

CONSENT FOR TRANSPORT

I grant my child permission to be transported in a Salvation Army vehicle by a certified driver to and from the camp as well as any field trip locations that may be related to the curriculum of the camp programs at Pine Summit, Camp Daley, Gilmore, or Wilderness Camp.

Name of Camper _____ Camper's Birth Date _____

Parent/Guardian Signature _____ Todays Date _____

Your Words Can Stop Abuse

- One in **four** girls and one in **eight** boys are sexually abused before age 18.
- **1.1 million** children were victims of abuse and neglect last year.
- **Mentally disabled people are at least four time more likely to be targets of sexual assault and other violence.**

Abuse hurts everyone – the victims, their families, and their communities. And the effects of abuse can last a lifetime.

At the Salvation Army, our mission is to preach the gospel of Jesus Christ and to meet human needs in His name without discrimination. But if someone is abused in a Salvation Army program, our mission is threatened. Help us Protect the Mission. Do your part to keep everyone safe. Someday you may be the only person standing between a child or vulnerable adult and someone who wants to abuse them.

What you can do to keep children safe...

Watch for adults who always want to spend time with children, especially alone.

Watch for adults who go overboard tickling, touching, hugging, or wrestling with children.

Watch for adults who give children toys or presents, especially without first asking parents.

Watch for adults who pick favorites or who keep bending the rules.

Watch for adults who lose their temper or get easily frustrated.

Watch for children who bully other children or who use graphic language or gestures.

Watch where children are playing and who is around them.

Ask children if anyone is scaring, threatening, or hurting them.

Ask children if anyone is them to keep secrets or making them do things they don't want to do.



Medical Statement to Request Special Meals and/or Accommodations

1. School	2. Site Name	3. Site Phone Number
4. Name of Child		5. Age or Date of Birth
6. Name of Parent/Guardian		7. Phone Number
8. Description of Child's Physical or Mental Impairment Affected:		
9. Explanation of Diet Prescription and/or Accommodation:		
10. Indicate Food Texture for Above Child: <input type="checkbox"/> Regular <input type="checkbox"/> Chopped <input type="checkbox"/> Ground <input type="checkbox"/> Pureed		
11. Adaptive Equipment to be Used:		
12. Foods to be Omitted and Appropriate Substitutions:		
Foods to Be Omitted	Suggested Substitutions	
13. Signature of State Licensed Healthcare Professional*		
14. Printed Name	15. Phone Number	16. Date

*For this purpose, the CDE only permits the following state licensed healthcare professionals: licensed physicians, physician assistants, or nurse practitioners.

*This form is also considered valid with a certified digital signature.

The information on this form is required to reflect the current medical and/or nutritional needs of the child.

Instructions

1. **School:** Print the name of the school that is providing the form to the parent/guardian.
2. **Site:** Print the name of the site where meals will be served.
3. **Site Phone Number:** Print the phone number of site where meal will be served.
4. **Name of Child:** Print the name of the child to whom the information pertains.
5. **Age of Child:** Print the age of the child. For infants, please use date of birth.
6. **Name of Parent/Guardian:** Print the name of the person requesting the child's medical statement.
7. **Phone Number:** Print the phone number of parent/guardian.
8. **Description of Child's Physical or Mental Impairment Affected:** Describe how the physical or mental impairment restricts the child's diet.
9. **Explanation of Diet Prescription and/or Accommodation:** Describe a specific diet or accommodation that has been prescribed by the state licensed healthcare professional.
10. **Indicate Texture:** If the child does not need any modification, check "Regular".
11. **Adaptive Equipment to be Used:** Describe specific equipment required to assist the child with dining (e.g., sippy cup, large handled spoon, wheelchair accessible furniture, etc.).
12. **Foods to be Omitted:** List specific foods that must be omitted.
Suggested Substitutions: List specific foods to include in the diet.
13. **Signature of State Licensed Healthcare Professional:** Signature of state licensed healthcare professional requesting the special meal or accommodation.
14. **Printed Name:** Print name of state licensed healthcare professional.
15. **Phone Number:** Phone number of state licensed healthcare professional.
16. **Date:** Date state licensed healthcare professional signed the form.

Definitions

Disability means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of such individual; a record of such an impairment; or being regarded as having such an impairment.

Physical or mental impairment means, any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more body systems, such as: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, immune, circulatory, hemic, lymphatic, skin, and endocrine; or any mental or psychological disorder such as intellectual disability, organic brain syndrome, emotional or mental illness, and specific learning disability.

Physical or mental impairment includes, but is not limited to, contagious and noncontagious diseases and conditions such as the following: orthopedic, visual, speech, and hearing impairments, and cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, intellectual disability, emotional illness, dyslexia and other specific learning disabilities, Attention Deficit Hyperactivity Disorder, Human Immunodeficiency Virus infection (whether symptomatic or asymptomatic), tuberculosis, drug addiction, and alcoholism.

Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, sitting, reaching, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, writing, communicating, interacting with others, and working; and the operation of a major bodily function.

Major bodily function includes, the operation and functions of the immune system, special sense organs and skin, normal cell growth, and digestive, genitourinary, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, hemic, lymphatic, musculoskeletal, and reproductive systems. The operation of a major bodily function includes the operation of an individual organ within a body system.

USDA Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form (PDF), from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
2. fax: 833-256-1665 or 202-690-7442; or
3. email: program.intake@usda.gov

This institution is an equal opportunity provider.

Summer Food Service Program Letter to Parents

Dear Parent/Guardian:

Providing nutritious meals to children at a reasonable cost is an increasing growing challenge. To assist our program in offsetting the costs for meals served to the children, we receive federal reimbursement funds through the Summer Food Service Program (SFSP). This reimbursement allows us to afford and offer better service to children. Please complete, sign, and return the attached confidential Income Eligibility Form for Camps and Enrolled Sites as soon as possible.

Instructions for completing the eligibility information are on the reverse side of the form. If you have questions or need assistance in completing this form, please contact:

Name:

Phone number:

Email address:

Fax number:

The chart below is used to determine the children's/child's eligibility to receive SFSP meals. If the children's/child's family household income is at or below the dollar amount in the chart, the children/child are/is eligible to receive free SFSP meals.

Please complete the attached form and return it to:

Thank you for your participation and cooperation.

Eligibility Scale for Camps and Closed Enrolled Sites

July 1, 2024–June 30, 2025

Household Size	Yearly	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$ 27,861	\$ 2,322	\$ 1,161	\$ 1,072	\$ 536
2	\$ 37,814	\$ 3,152	\$ 1,576	\$ 1,455	\$ 728
3	\$ 47,767	\$ 3,981	\$ 1,991	\$ 1,838	\$ 919
4	\$ 57,720	\$ 4,810	\$ 2,405	\$ 2,220	\$ 1,110
5	\$ 67,673	\$ 5,640	\$ 2,820	\$ 2,603	\$ 1,302
6	\$ 77,626	\$ 6,469	\$ 3,235	\$ 2,986	\$ 1,493
7	\$ 87,579	\$ 7,299	\$ 3,650	\$ 3,369	\$ 1,685
8	\$ 97,532	\$ 8,128	\$ 4,064	\$ 3,752	\$ 1,876
For each additional family member, add:	\$ 9,953	\$ 830	\$ 415	\$ 383	\$ 192

This scale does not apply to households that receive CalFresh, CalWORKs, or Food Distribution Program on Indian Reservations (FDPIR). Those children are automatically eligible for free meal benefits.

A household of one means a child who is their own sole support. Foster children are one-member households only if the welfare or the placement agency maintains legal responsibility for the child. Household is synonymous with family and means a group of related or unrelated individuals who are not residents of an institution or boarding house, but who are living as one economic unit sharing housing and all significant income and expenses.

Camp and Closed Enrolled Sites Income Eligibility Form

1. Child Information: List names of all enrolled children.

Check a box to identify a foster child (the legal responsibility of a welfare agency or court). If all children listed below are foster children, go to #4 to sign this form.

Last	First	M.I.	Foster?
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2. Categorical Eligibility: If you are getting CalFresh, CalWORKs, or Food Distribution Program on Indian Reservations (FDPIR) benefits for your child, list the case number. **Do not** complete #3. Go to #4.

CalFresh Case Number:

CalWORKs Case Number:

FDPIR Case Number:

3. Household Income: Complete this section if you DID NOT complete #2. List all household members and all income. Go To #4.

Enter Gross Income and how often it is received (e.g., weekly, every 2 weeks, twice a month, monthly, or annually).

Applicants with no income are asked to enter a zero in the relevant field or check the box to indicate that the household does not receive income. Any income field that is left empty is a positive indication that there is no income and certifies that there is no income to report. Applications that have empty revenue fields will be processed as complete. (Continue chart on next page if more room is needed.)

Names of Household Members (Include children listed above)	Earnings from Work Before Deductions (Amount / How Often)	Child Support, Alimony (Amount / How Often)	Payments from Pensions, Retirement, Social Security (Amount / How Often)	Earnings from Any Other Income (Amount / How Often)
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- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

Names of Household Members (Include children listed above)	Earnings from Work Before Deductions (Amount / How Often)	Child Support, Alimony (Amount / How Often)	Payments from Pensions, Retirement, Social Security (Amount / How Often)	Earnings from Any Other Income (Amount / How Often)
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8.

9.

10.

Check here if this household does not receive income. Go to section 4.

4. Last Four Digits of Social Security Number (SSN) and Signature:

Penalties for misrepresentation: I certify that all of the above information is true and correct and that the CalFresh, CalWORKs, FDPIR, or other eligible program case number is current, correct, or that all income is reported. I understand that this information is provided for the receipt of federal funds; that agency officials may verify the information on the Income Eligibility Form for Camp and Enrolled Sites and that the deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Printed Name:

Last Four Digits of SSN:

Check here if no SSN

Signature of Adult:

Date:

Privacy Act Statement: Unless you list the child's CalFresh, CalWORKs, or FDPIR case number, Section 9 of the National School Lunch Act (NSLA) requires that you include the last four digits of the SSN for the household member signing the form, or indicate that the household member signing the form does not have an SSN. You do not have to list the last four digits of an SSN, but if they are not listed, or the "Check here if no SSN" is not marked, we cannot approve your child for free or reduced-price meals. The last four digits of the SSN may be used to identify the household member in verifying the correctness of the information stated on the form. This may include program reviews, audits and investigations, and may include contacting employers to determine income, contacting a CalFresh, CalWORKs, FDPIR office to determine current certification for CalFresh, CalWORKs, FDPIR benefits, contacting the state employment security office to determine the amount of benefits received, and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. The last four digits of the SSN may also be disclosed to programs as authorized under the NSLA and the Child Nutrition Act, the Comptroller General of the United States, and law enforcement officials for the purpose of investigating violations of certain federal, state, and local education, and health and nutrition programs.

5. Racial/Ethnic Identity: You **are not required** to answer these questions. If you choose to do so, please mark one or more of the following **racial** identities:

American Indian or Alaskan Native

Black or African American

Native Hawaiian or Other Pacific Islander

White

Asian

Please mark one of the following **ethnic** identities:

Hispanic or Latino

Not Hispanic or Latino

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Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail:

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or

2. fax:

(833) 256-1665 or (202) 690-7442; or

3. email:

Program.Intake@usda.gov

This institution is an equal opportunity provider.

For Agency Use Only

Categorical Eligibility:

CalFresh/CalWORKs/FDPIR household categorically eligible: Yes No

Foster child automatically eligible: Yes No

Income Eligibility:

Annual income conversion: Weekly x 52, every 2 weeks x 26, twice a month x 24, monthly x 12

Total income:

Household size:

Eligibility classification: Eligible Not eligible

Determining official (print name):

Determining official signature:

Certification date:

How to Complete the Income Eligibility Form

Using the instructions below, please complete, sign, and return the Income Eligibility Form.

1. Child Information:

- a. Print your child's name.
- b. Check a box in the right column to identify a foster child.

2. Categorical Eligibility: Complete this section and sign the form in section #4.

- a. List your current CalFresh, CalWORKs, or FDPIR case number(s) for your child(ren).
- b. Sign the form in section #4. An adult household member must sign. You do not have to list an SSN.

3. Household Income: Complete this section if the child does not qualify as Categorical Eligibility and sign the form in section #4.

- a. Write the names of everyone in your household even if they do not have an income. Include yourself, your spouse, the child you are applying for, and all other household members. If your household includes any foster children formally placed by a state child welfare agency or a court, you may choose to include the child(ren) in this list.
- b. Write the amount of income each person received last month before taxes or anything else was taken out and where it came from, such as earnings, CalWORKs, pensions, and other income (see examples below for types of income to report). **If you have chosen to include any foster children in your care, only the personal use income is to be listed. Foster payments you receive from the placing agency for the care of the child do not need to be reported.** Each income amount should be entered in the appropriate column on the form. If any amount **last month** was more or less than usual, write that person's usual monthly income.
- c. If anyone is self-employed, write the amount of income that person earns from self-employment. Please call the number listed at the top of the form if you need help.
- d. Sign the form and include the last four digits of your SSN in section #4. If you do not have an SSN, check the box "Check here if no SSN."

4. Last Four Digits of SSN and Signature:

- a. The form must have a **signature** of an adult household member.
- b. The adult household member who signs the statement must include the last four digits of their SSN. If they do not have an SSN, check the box "Check here if no SSN". The last four digits of your SSN is not needed if you listed a CalFresh, CalWORKs, or FDPIR case number.

5. Racial/Ethnic Identity:

- a. You are not required to answer this question to get meal benefits, but completion of this information will help ensure that everyone is treated fairly.

Income to Report

Earnings from Work:

- Wages/salaries/tips
- Strike benefits
- Unemployment compensation
- Worker’s compensation
- Public assistance payments
- CalWORKs payments
- Alimony/child support payments

**Pensions/Retirement/
Social Security:**

- Pensions
- Supplemental security income (SSI)
- Retirement income
- Veteran’s payments
- Social Security

Other Monthly Income:

- Disability benefits
- Cash withdrawn from savings
- Interest dividends
- Income from estates/trusts/investments
- Regular contributions from persons not living in the household
- Net royalties/annuities/net rental income
- Military allowance for off-base housing
- Any other income

“For Agency Use Only” Section

The sponsor must complete this section to indicate whether the enrolled participant is or is not eligible to receive free or reduced-price meals. Failure to complete this final step could cause loss of reimbursement for the sponsor.

Description of Racial and Ethnic Categories

The federal government has established the following five racial categories and one ethnic category:

Race:

American Indian or Alaska Native—A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Asian—A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, The Philippine Islands, Thailand, and Vietnam.

Black or African American—A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander—A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White—A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Ethnicity:

Hispanic or Latino—A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin" can be used in addition to "Hispanic or Latino."

Not Hispanic or Latino