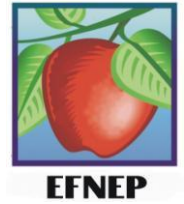




Ohio Expanded Food and Nutrition Program Adult Enrollment Form

This information is strictly for use of EFNEP and is not given to other agencies



Program Assistant: _____

Today's Date _____

Name: _____

Street Address _____

City _____, OH Zip Code _____

Phone () _____

E-mail _____

Age _____

Check one Female Male

If female:

Pregnant? Yes No

Breastfeeding? Yes No

Check the ethnicity you identify with:

Hispanic or Latino

Non-Hispanic or non-Latino

Check the race category that you identify with

(you may check all that apply)

American Indian or Alaskan Native

Asian

Black or African American

Native Hawaiian or other Pacific Islander

White

Sub Category Race _____

What is the highest grade that you have completed?

Grade 6 or less GED

Grade 7 Some College

Grade 8 Graduated 2 Year College

Grade 9 Graduated College

Grade 10 Post Graduate

Grade 11

Grade 12

Where do you live?

Farm

Town under 10,000 and rural non-farm

Town or city 10,000 to 50,000 and suburbs

Suburbs of city over 50,000

Central city over 50,000

Check the food assistance programs that your family uses.

Child Nutrition/School Breakfast or Lunch

FDIPIR (Food Distribution Program on Indian Res.)

Head Start (CPCD- Community Partnership for Child Development)

Other

SNAP (EBT card)

TANF (Temporary Assistance for Needy Families)

TEFAP – Commodity or Food pantries

WIC/CSFP (Community Supplemental Food Program)

None

What is your household income per month?

(do not include food stamps) \$ _____

List the ages of CHILDREN living in your household (through age 18):

_____, _____, _____, _____, _____, _____, _____, _____

How many adults (not counting yourself) live in your household? _____

Lesson type: Group

Individual

For office Use
Delivery Site: _____
Other Institutional Subgroup: _____

Regional Subgroup Name: _____