Expanded Food and Nutrition Education Program
Adult Entry Form

Thank you for attending this EFNEP Nutrition Education Series.

1. Educator’s Name: _______________________________________________________

2. Today’s Date: __________________________________________________________

3. Name: __________________________________________________________________

4. Address: __________________________________________________________________

   City State Zip: __________________________________________________________________

5. Phone: ___________________________________________________________________

6. Email: ___________________________________________________________________

7. Age: ___________________________________________________________________

8. Gender: ___ MALE   ___ FEMALE

9. Are you pregnant? ___ YES   ___ NO

10. Are you breastfeeding? ___ YES   ___ NO

11. Are you Hispanic or Latino? ___ YES   ___ NO

12. Race: Check ALL of the races that apply to you.
    ___ White
    ___ Black or African American
    ___ American Indian or Alaskan Native
    ___ Asian
    ___ Hawaiian or Pacific Islander

13. Other description/subcategory (such as nationality): ____________________________

14. Highest Grade Completed: _______________________________________________
15. Residence:
   ___ Farm
   ___ Towns under 10,000 & rural non-farm
   ___ Towns and Cities 10,000 to 50,000
   ___ Suburbs of Cities over 50,000
   ___ Central Cities over 50,000

16. What Public Assistance do you currently receive? Check all that apply:
   ___ Child Nutrition
   ___ FDPIR
   ___ SNAP
   ___ Head Start
   ___ Other
   ___ TANF
   ___ TEFAP – Commodity
   ___ WIC/CSPF

17. What is your household income per month? $______________

18. Please write the first name and age of your children.

   ___________________________   Age: _____
   ___________________________   Age: _____
   ___________________________   Age: _____
   ___________________________   Age: _____
   ___________________________   Age: _____

19. Number of other adults in the house (don’t count yourself): ____