

Expanded Food and Nutrition Education Program (EFNEP)  
**ADULT ENROLLMENT FORM**



1. Today's date: \_\_\_\_\_
2. Name: \_\_\_\_\_
3. Address: \_\_\_\_\_
4. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
5. Phone Number: \_\_\_\_\_
6. Age: \_\_\_\_\_
7. Gender:  Female  Male
8. If Female, are you: Pregnant  yes  no  
Breastfeeding  yes  no

9. Highest grade completed \_\_\_\_\_
10. Total household income last month \_\_\_\_\_
11. Ages of children living in your household (through age 19): \_\_\_\_\_
12. Number of adults in your household (do not count yourself) \_\_\_\_\_

**13. Check the ethnicity you identify with:**

- Hispanic / Latino
- Non-Hispanic / Non-Latino

**14. Check the race category or categories you most identify with: (check all that apply)**

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

**15. Check which benefits you or your children receive:**

- Child Nutrition (Free or Reduced School Breakfast and Lunch)
- FDIPIR (Food Distribution Program on Indian Reservations)
- Food Stamps
- Head Start
- Other (please specify) \_\_\_\_\_
- TANF/TRA (Temporary Assistance for Needy Families / Transitional Assistance Benefits)
- TEFAP (The Emergency Food Assistance Program)
- WIC/CSFP (Commodity Supplemental Food Program)

**FOR STAFF USE ONLY**

1. Participant ID #: \_\_\_\_\_
2. Nutrition Educator name: \_\_\_\_\_
3. Place of residence:
  - Farm
  - Towns (under 10,000 and rural non-farm)
  - Towns & cities 10,000 – 50,000 and their suburbs
  - Suburbs of cities over 50,000
  - Central cities over 50,000
4. Type of Instruction:
  - Group
  - Individual
  - Both
  - Other
5. Subgroup non-program participant:
  - yes  no
6. Subgroup special project or program:
  - yes  no
7. Entry Date: \_\_\_\_\_