

Getting to Know You Form

Name: _____

Date: ____/____/____

Street: _____

City: _____

Zip Code: _____ County: _____

If you would like us to contact you about how to eat better please enter your

Phone: () _____ - _____ Email: _____

Age: _____ Sex: Female _____ Male _____

I am: Pregnant _____ May be Pregnant _____ Breastfeeding _____

Check the ethnicity you identify with:

- ___ Hispanic or Latino
- ___ Not-Hispanic or not-Latino

Check the race you most identify with:
(you may check more than one)

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

Highest Grade Completed (K-12): _____

I finished: GED _____ Some College _____
2-Year College _____ 4-Year College _____ Post Grad _____

Check All You Receive:

- ___ Free school lunches
- ___ Head Start
- ___ Foods from Pantries
- ___ Reduced price school lunches
- ___ SNAP (Food Stamps)
- ___ WIC
- ___ Summer lunch programs for kids
- ___ Other _____
- ___ TANF/Welfare

What is your monthly income (including benefits) like TANF, child support, or unemployment _____

List the ages of children (under 19) that you buy, make and/or eat food with:

Number of Adults Living in Household (do not count yourself): _____

Nutrition Educator/Site/Site #: _____

Thank You For Completing This Form