



Please Share a Little

We would like to learn about people who attend our activities to help us improve services. Your answers are combined with everyone else's and cannot be used to identify you. You should complete this form for family members here today. Thanks for your help!

		Person #1 (You)	Person #2	Person #3	Person #4	Person #5
1) Check <input checked="" type="checkbox"/> if a family member <u>here today</u> currently participates in one of these programs. If none, leave blank and move to Question 2.	CalFresh (Food Stamps, SNAP, EBT)	<input type="checkbox"/>				
	Free School Meal Program	<input type="checkbox"/>				
	WIC, Reduced Price School Meals, Head Start, CalWORKS, California Food Assistance Program	<input type="checkbox"/>				
2) What are the ages of your family members <u>here today</u> ?	Age					
3) What is the sex of your family members <u>here today</u> ? (Check one per person)	Male					
	Female					

4) Is this the first time you have filled out this form for your family since October 1, 2011?

Yes

No/Don't know (STOP HERE)

5) Check which family members here today are Hispanic or Latino. (A person of Mexican, Central or South American, Puerto Rican, Cuban, or other Spanish family background, no matter what race.)

Person #1 (You)	Person #2	Person #3	Person #4	Person #5
<input type="checkbox"/>				

6) Please check the race that is the best choice for each of your family members here today. Check only one box per person.

	Person #1 (You)	Person #2	Person #3	Person #4	Person #5
White					
Black/African American					
American Indian/Alaska Native					
Native Hawaiian/Other Pacific Islander					
Asian					
Two or more of the races above					