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. Everyone here today should fill out one of these forms. **Thank you for your help!**

1) Do you participate in CalFresh (Food Stamps, SNAP, EBT) or the Free School Meal program?

❑ Yes (**SKIP TO QUESTION 3**) ❑ No

2) If you answered NO to question 1, check any programs you take part in:

❑ CalWORKs
❑ Head Start
❑ California Food Assistance Program (CFAP)
❑ Women, Infants, & Children (WIC Program)
❑ Reduced Price School Meal
❑ Summer Food Program

3) Please check your age range: ❑ 0-4 years ❑ 5-17 years ❑ 18-59 years ❑ 60+

4) Please check your sex: ❑ Female ❑ Male

5) Is this the first time you have filled out this form since October 1, 2011?

❑ Yes (GO TO QUESTION 6) ❑ No/Don't know (STOP HERE)

6) Please choose **ONE GROUP** that describes you best.

HISPANIC/LATINO ORIGIN

❑ White
❑ Black/African American
❑ American Indian/Alaska Native
❑ Native Hawaiian/Other Pacific Islander
❑ Asian
❑ Two or more of the races above

NON-HISPANIC/LATINO ORIGIN

❑ White
❑ Black/African American
❑ American Indian/Alaska Native
❑ Native Hawaiian/Other Pacific Islander
❑ Asian
❑ Two or more of the races above

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