



**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"/> which family members <u>here today</u> currently participates in one of these programs. If none, go to Question 2.	CalFresh (Food Stamps, SNAP, EBT) <b>AND/OR</b> Free School Meal Program	<input type="checkbox"/>				
2) Check <input checked="" type="checkbox"/> which family member <u>here today</u> currently participates in any of these programs. If none, leave blank and move to Question 3.	California Food Assistance Program (CFAP)	<input type="checkbox"/>				
	CalWORKS	<input type="checkbox"/>				
	Child & Adult Care Food Program (CACFP)	<input type="checkbox"/>				
	Head Start	<input type="checkbox"/>				
	Medi-Cal	<input type="checkbox"/>				
	Reduced Price School Meal	<input type="checkbox"/>				
	Section 8 Public Housing	<input type="checkbox"/>				
	Summer Food Program	<input type="checkbox"/>				
	Supplemental Security Income (SSI)	<input type="checkbox"/>				
Women, Infants, & Children (WIC Program)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3) What are the ages of your family members <u>here today</u> ?	Age					
4) What is the sex of your family members <u>here today</u> ? (Check one per person)	Male	<input type="checkbox"/>				
	Female	<input type="checkbox"/>				

5) Is this the first time you have filled out this form for your family since October 1, 2014?

Yes

No/Don't know (STOP HERE)

6) Please check  the race/ethnicity 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, <b>not</b> Hispanic/Latino	<input type="checkbox"/>				
White <b>and</b> Hispanic/Latino	<input type="checkbox"/>				
Hispanic/Latino only	<input type="checkbox"/>				
African American, <b>not</b> Hispanic/Latino	<input type="checkbox"/>				
African American, <b>and</b> Hispanic/Latino	<input type="checkbox"/>				
Native American/Alaska Native, <b>not</b> Hispanic	<input type="checkbox"/>				
Native American/Alaska Native, <b>and</b> Hispanic	<input type="checkbox"/>				
Hawaiian Native/Pacific Islander, <b>not</b> Hispanic	<input type="checkbox"/>				
Hawaiian Native/Pacific Islander, <b>and</b> Hispanic	<input type="checkbox"/>				
Asian, <b>not</b> Hispanic/Latino	<input type="checkbox"/>				
Asian, <b>and</b> Hispanic/Latino	<input type="checkbox"/>				
More than one race, <b>not</b> Hispanic/Latino	<input type="checkbox"/>				
More than one race, <b>and</b> Hispanic/Latino	<input type="checkbox"/>				