



### 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 Free School Meals?

Yes  No

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

3) Please check your sex:  Female  Male

4) Is this the first time you have filled out this form since October 1, 2016?

Yes (GO TO QUESTION 5)  No/Don't know (STOP HERE)

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

- |   |   |
|---|---|
| <input type="checkbox"/> White, <b>not</b> Hispanic/Latino            | <input type="checkbox"/> Native American/Alaska Native, <b>not</b> Hispanic/Latino    |
| <input type="checkbox"/> White <b>and</b> Hispanic/Latino             | <input type="checkbox"/> Native American/Alaska Native <b>and</b> Hispanic/Latino     |
| <input type="checkbox"/> Hispanic/Latino only                         | <input type="checkbox"/> Hawaiian Native/Pacific Islander, <b>not</b> Hispanic/Latino |
| <input type="checkbox"/> African American, <b>not</b> Hispanic/Latino | <input type="checkbox"/> Hawaiian Native/Pacific Islander, <b>and</b> Hispanic/Latino |
| <input type="checkbox"/> African American <b>and</b> Hispanic/Latino  | <input type="checkbox"/> More than one race, <b>not</b> Hispanic/Latino               |
| <input type="checkbox"/> Asian, <b>not</b> Hispanic/Latino            | <input type="checkbox"/> More than one race, <b>and</b> Hispanic/Latino               |
| <input type="checkbox"/> Asian, <b>and</b> Hispanic/Latino            |   |

*Funded by USDA SNAP-Ed, an equal opportunity provider and employer. California Department of Public Health.*



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