



### 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) Are you Hispanic or Latino?  Yes  No

6) Please select the racial category or categories with which you most closely identify.

- White  Hawaiian Native/Pacific Islander  
 Black or African American  Asian  
 Native American/Alaska Native  Two or more races

*Funded by USDA SNAP-Ed, an equal opportunity provider and employer.*



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