

Adult Enrollment Form

Start HERE:

Name: _____
 Address: _____
 City: _____ ST: _____ ZIP: _____
 Phone: _____

Age: _____

Gender: Male Female
 Is Pregnant?
 Is Nursing?

Email: _____
 Highest Grade Completed: _____

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race: (check all that apply)

- American Indian or Alaska Native (only)
- Asian (only)
- Black or African American (only)
- Native Hawaiian or other Pacific Islander (only)
- White (only)
- Not Provided

Place of Residence

- 1. Farm
- 2. Towns under 10,000 & rural non-farm
- 3. Towns & Cities 10,000 to 50,000
- 4. Suburbs of cities over 50,000
- 5. Central Cities over 50,000

Public Assistance at Entry:

- Child Nutrition
- FDPIR
- Head Start
- Other
- SNAP
- TANF
- TEFAP - Commodity
- WIC/CSPF

Enrolled in EFNEP before? Yes No
 If yes, did you receive a certificate of completion?
 Yes No

Total Household Income last month: \$ _____
 N/S=not supplied

Children's Age (List ages of children through age 19):

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

Number of other adults in household (do not count yourself): _____

Instruction Type (Lesson):

- 1. Group
- 2. Individual
- 3. Both group & individual
- 4. Other



Shaded areas for Office Use ONLY

Subgroups (At least one Federal subgroup is required)

F: EFNEP F: SNAP-ED F: ESWIC F: Team Nutrition F: Sample

Complete for each participant at Entry.

PA's Name: _____ Participant's Custom ID: _____
 Enrollment Date: _____
 WebNEERS' Entry Date: _____ Group Name: _____

