UNIVERSITY OF CALIFORNIA cal fresh Nutrition Education

A-Z	A-Z	01-12	01-31	
First Letter of your	First Letter of	Birth Month	Birth Day	
First Name	your Last Name	(2 digits)	(2 digits)	

FFY 2018

Adult Demographic Form

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

1) AGE	0	- 4		5 - 17	18-5	9 years		60+ years
2) SEX			Female			Male		
3) ETHNICITY			Hispanic	Latino		NOT Hispanic L	atino	
4) RACE Ch	oose all th	at apply		n/ Alaskan Na ican America		Asian Native Hawaiiar White	n/ Pac.	Islander

This material was produced by the University of California CalFresh SNAP-Ed with funding from USDA SNAP, known in California as CalFresh (formerly food stamps). These institutions are equal opportunity providers and employers. CalFresh provides assistance to low-income households and can help buy nutritious foods for better health. For CalFresh information, call 1-877-847-3663.

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1) AGE 0 -	- 4	□ 5 - 17 □	18-59 years □ 60+ years
2) SEX		Female	☐ Male
3) ETHNICITY		Hispanic Latino	□ NOT Hispanic Latino
4) RACE Choose all tha	t apply	Am.Indian/ Alaskan Native Black/African American	□ Asian□ Native Hawaiian/ Pac. Islander□ White

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