

EFNEP Enrollment Form

Name: _____ Street: _____ _____ City: _____ Zip Code: _____ Phone Number: (____) _____	Today's Date: _____ Age: _____ Are You: <input type="checkbox"/> Female <input type="checkbox"/> Male If female, are you: Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No Breastfeeding? <input type="checkbox"/> Yes <input type="checkbox"/> No Email: _____
---	--

Do you consider yourself Hispanic/Latino?

- Yes No

Total household income last month (in dollars):

What is your race? (You may check more than one)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

Please list the first name and ages of the children who live with you.

	Name	Age
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____

Where do you live? (Check one)

- Farm
- Towns under 10,000 & rural non-farm
- Towns with 10,000 to 50,000
- Suburbs of cities of over 50,000
- Central cities over 50,000

In what programs do you or your family participate? (Check all that apply)

- Free or reduced school lunch or breakfast
- Food Distribution Program on Indian Reservations
- Head Start
- Other _____
- Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF)
- Temporary Emergency Foods/Commodity Foods
- WIC

Number of other adults in your household

(do not include yourself): _____

For EFNEP Participant Only	
I wish to participate voluntarily in the EFNEP physical activity program for the purpose of personal fitness. I understand that I should have medical approval from my health care professional if I:	
<ul style="list-style-type: none"> have any chronic health problems such as heart disease or diabetes have pains in my heart and/or chest area feel dizzy or have spells of severe dizziness have had a bone or joint condition, like arthritis, that might be made worse by an exercise program 	<ul style="list-style-type: none"> have been told by a doctor that I have high blood pressure have any physical conditions or problems that might require special attention in an exercise program am a male over 45 or a female over 50 and not accustomed to vigorous exercise
I agree to accept full responsibility for any injuries I may sustain while participating in this program.	
Signature _____ Date _____	

For EFNEP Educator and Participant	
<i>If the Nutrition Education Assistant assists the participant with paperwork, please have the participant and Nutrition Education Assistant sign the acknowledgement below.</i>	
I acknowledge that I have given permission to _____, staff member for the Texas AgriLife Extension Service's Expanded Food and Nutrition Education Program, to provide me with assistance in completing the necessary forms for participation in the program.	
_____	_____
Participant Signature	Staff Member Signature

For EFNEP Educator's Use Only.			
NEA's Name:	Group Name:	Participant ID:	
Subgroups: <input type="checkbox"/> EFNEP <input type="checkbox"/> WIC <input type="checkbox"/> Sample <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	Lessons Taught and Date: (*Core Session) <input type="checkbox"/> *Healthy Food, Healthy Families _____ <input type="checkbox"/> *Foods that Pack a Punch _____ <input type="checkbox"/> *Making the Most of MyPlate _____ <input type="checkbox"/> *Power of Planning _____ <input type="checkbox"/> *Setting Your Limits _____ <input type="checkbox"/> *Plate it Safe _____ <input type="checkbox"/> *The Choice is Yours _____ <input type="checkbox"/> Mealtime Miracles _____ <input type="checkbox"/> Optional _____ <input type="checkbox"/> Optional _____ <input type="checkbox"/> Optional _____ Other: _____	# Group Lessons:	
		# Individual Lessons:	
		# Other:	
		Total Lessons Taught: <small>Total group and individual</small>	
		Total Sessions (Visits):	
		Total Hours:	
Exit Reason: <input type="checkbox"/> Graduated <input type="checkbox"/> Returned to School <input type="checkbox"/> Took a job <input type="checkbox"/> Family Concerns <input type="checkbox"/> Staff Vacancy <input type="checkbox"/> Moved <input type="checkbox"/> Lost Interest <input type="checkbox"/> Other Obligations <input type="checkbox"/> Lost Contact <input type="checkbox"/> Other:			Exit Date:

Expanded Food and Nutrition Education Program Funded by the USDA-NIFA



Educational programs of the Texas A&M AgriLife Extension Service are open to all people without regard to race, color, sex, religion, national origin, age, disability, genetic information or veteran status

The Texas A&M University System, U.S. Department of Agriculture, and the County Commissioners Courts of Texas Cooperating.