

Nutrition Program Participant Information Form 2023

Print CAPITAL letters and avoid contact with the box edges as in this example:

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
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All of your answers will be kept STRICTLY CONFIDENTIAL .

A) Please fill in your name, birth date, and gender:

Name: *First* *MI* *Last*

Optional Nickname:

Gender: Male Female
 Other _____
 Prefer not to say

Birth date: *Month* / *Day* / *Year*

B1) Please fill in your address, phone number, and email address:

Street:

City: State:

Zip Code: Phone: () -

Email:

B2) Please fill in your emergency contact:

Name:

Phone: () - Relation to You:

C) What is your race?

(Check all that apply)

- American Indian/Alaska Native
- Asian/Asian-American
- Black/African-American
- Hawaiian Native/Pacific Islander
- White/Caucasian
- Other
- Prefer not to say

D) What is your ethnicity?

- Hispanic or Latino
- Not Hispanic or Latino

E) What is your household composition?

- Live alone
- Other
- Prefer not to say

F) Estimate your monthly income :

(This information is kept strictly confidential)

<p><u>One Person Household</u></p> <ul style="list-style-type: none"> <input type="radio"/> \$ 2,267 or less <input type="radio"/> \$ 2,268 to \$ 3,775 <input type="radio"/> \$ 3,776 to \$ 5,563 <input type="radio"/> \$ 5,564 or more 	<p><u>Two Person Household</u></p> <ul style="list-style-type: none"> <input type="radio"/> \$ 2,588 or less <input type="radio"/> \$ 2,589 to \$ 4,317 <input type="radio"/> \$ 4,318 to \$ 6,354 <input type="radio"/> \$ 6,355 or more
<p><u>Three Person Household</u></p> <ul style="list-style-type: none"> <input type="radio"/> \$ 2,913 or less <input type="radio"/> \$ 2,914 to \$ 4,854 <input type="radio"/> \$ 4,855 to \$ 7,150 <input type="radio"/> \$ 7,151 or more 	<p><u>Four Person Household</u></p> <ul style="list-style-type: none"> <input type="radio"/> \$ 3,233 or less <input type="radio"/> \$ 3,234 to \$ 5,392 <input type="radio"/> \$ 5,393 to \$ 7,942 <input type="radio"/> \$ 7,943 or more

G) Please answer the following:

- 1) Do you have a place to live? Yes No
- 2) Are you a veteran? Yes No
- 3) Do you regularly engage in physical activities? Yes No
- 4) Disability status: Physical Cognitive Psychological None Prefer not to say
- 5) English fluency: Fluent Limited Need Translation Prefer not to say
- 6) What is your primary spoken language? _____
- 7) What is your sexual orientation?
 Bisexual Lesbian / Gay Questioning Heterosexual Prefer not to say

H) Are you a volunteer with this meal program? : Yes No

I) Program eligibility: If you are not an older adult, adult with a disability, or a volunteer, are you the spouse of an eligible participant?..... Yes No

J) Please answer ALL the nutrition related following questions:

- I have an illness or condition that made me change the kind and /or amount of food I eat..... Yes No
- I eat fewer than two meals per day..... Yes No
- I eat few fruits or vegetables, or milk products..... Yes No
- I have three or more drinks of beer, liquor or wine almost every day..... Yes No
- I have tooth or mouth problems that make it hard for me to eat..... Yes No
- I don't always have enough money to buy the food I need..... Yes No
- I eat alone most of the time..... Yes No
- I take three or more different prescribed or over-the-counter drugs a day..... Yes No
- Without wanting to, I have lost or gained 10 pounds in the last six months..... Yes No
- I am not always physically able to shop, cook and/or feed myself..... Yes No
- The number of sugary drinks I consume on a daily basis: None 1-2 3-5 More than 5

