



Entry Form

Name: _____

Street: _____

City: _____ Zip: _____

Phone: (_____) _____

Email: _____

Age: _____ Check one*: Female Male

If female: Are you pregnant? Yes No

Are you breastfeeding? Yes No

Check the ethnicity you identify with

(All answers are voluntary):

Hispanic/Latino Non-Hispanic/Non-Latino

Check the race category you identify with

(You may check more than one. All answers are voluntary):

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

Highest grade completed (check one):

- Less than High School Graduated 2-year college
- High School Graduated college
- GED Post graduate
- Some college

Programs that you and your family participate in

(check all that apply):

- Free or reduced school lunch or breakfast
- Head Start
- SNAP Benefits (Virginia EBT card)**
- TANF (Temporary Assistance for Needy Families)**
- Food Banks and Food Pantries**
- The Emergency Food Assistance Program (TEFAP) - Commodities**
- WIC**
- Public Housing**
- Other (please specify): _____

Monthly Household Income: \$_____ /month

Household Members - List the first names and ages of people who live with you:

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

FOR FAMILY NUTRITION PROGRAM USE ONLY:

Residence: Farm Town < 10,000 or Rural Non-farm
 Town or City 10,000-50,000 Central City > 50,000
 Suburb of City > 50,000

Lesson Type: Individual Group Both

City/County Where Program Occured _____

Program Assistant Name: _____

Entry Date: _____ **Group Name** _____ **Participant ID#:** _____

Subgroups:

- 20+ Pregnant/Breastfeeding SNAP Recipient
- Teen Pregnant/Breastfeeding Fast Track
- Non-English Speaking Food Bank Recipient
- Young Comprehensive
- Families with children age 12 and younger OR women age 45 or younger

* Refers to a person's sex.

The Virginia Family Nutrition Program (FNP) would like to ask you a few questions to better understand who we serve. There are no right or wrong answers. Your responses are important and will be used to improve what FNP does to help you and your community. Thank you!

Food Access

How easy or difficult is it for you to get fresh fruits and vegetables?

- Very easy Somewhat easy Somewhat difficult Very difficult

Social Media

The following questions are about social media. Social media includes websites and other online communication channels where users share information and ideas. If you do not use social media or do not want to use social media, please skip these questions.

Which social media sites would you prefer to use to connect with the Virginia Family Nutrition Program and find information on healthy lifestyle choices? Please select all that apply.

- Facebook Twitter YouTube Blog Pinterest Instagram
 Other (please specify): _____

How do you usually access your social media sites?

- Smartphone or Tablet Home Computer or Laptop
 Public Computer or Laptop. Where? _____

Electronic Resources

What electronic resources would you recommend the Virginia Family Nutrition Program develop to help you find information and support for healthy lifestyle choices? Please select all that apply.

- Smartphone “apps” (applications) E-books Video Chats Text Messaging
 Facebook Groups (or other online forum) Online Games
 Other (please specify): _____

What types of healthy lifestyle information would you like to learn about on the Virginia Family Nutrition Program’s social media sites? Please select all that apply.

- Recipes Healthy Eating “How To” Videos Physical Activity Tips
 Workout Videos Tips for Shopping at Farmers Markets Food Safety Information
 Food Budgeting Information Resources for Bringing Healthy Choices into your Community
 Other (please specify): _____

Media Release Form

- Yes**, I give the Virginia Cooperative Extension’s (VCE) Family Nutrition Program permission and consent to allow photographs or videos to be taken of me during nutrition classes without payment to me. I further give permission and consent that any such media may be used in VCE’s promotions (brochures), web site, and social media (Facebook, Twitter, etc.), and shared with other entities.
- No**, I do not give the Virginia Cooperative Extension’s (VCE) Family Nutrition Program permission and consent to take photographs or videos of me during nutrition classes.

Name of VCE Program: _____

Client’s Name – printed: _____

Client’s Signature: _____ Date: _____

Name of VCE Representative: _____