

Adult Enrollment Form

Start HERE:

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

Email: _____
 Highest Grade Completed: _____

Race: (check all that apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Not Disclosed

Public Assistance at Entry:

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

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
 F: Remote Education
 F: Online Data Collection (e.g., Qualtrics)

Complete for each participant at Entry.

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

Age: _____

Gender: Male Female

Is Pregnant?

Is Nursing?

Ethnicity:

Hispanic or Latino
 Not Hispanic or Latino
 Not Disclosed

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

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



24-Hour Food Recall

Participant's Custom ID: _____ PA Name: _____ Recall ENTRY Date: _____

Participant's Name: _____ Amount spent on food last month: \$ _____

Is Pregnant Is Nursing

Nutritional Supplements:
If YES, list Types: _____

Physical Activity

- Not Provided
 Less than 30 minutes
 30 – 60 minutes
 More than 60 minutes

Meal Type		Serving Abbreviations	
Morning = 1	Afternoon = 4	tbsp = tablespoon	c= cup
Mid-Morning = 2	Evening = 5	tsp = tsp	lb= pound
Noon = 3	Late-Evening = 6	ounce= oz	sl= slice

What did the participant eat and drink in the last 24 hours? (to be filled out by Paraprofessional or Participant)			Shaded areas for Office Use ONLY
Meal Type	Food Items and Description (List all foods and beverages. List separately main ingredients in mixed dishes) Ex: starting with what you ate yesterday morning	How Much?	Food ID Number