

Appendix A: EFNEP Adult Enrollment Form/Internet Use Survey

Fill out for each client at ENTRY and again at EXIT. Keep in client file after it is returned to you.

NA Name: _____ Family ID: _____
 _ENTRY _____EXIT

Name: _____
 Address: _____
 City: _____ Zip: _____
 Phone: _____

ENTRY
 Date: _____

Do you use the Internet? Yes No

If yes, do you have dial-up or high-speed service:

Dial-Up High-Speed

Would you be interested in taking nutrition lessons on-line?

Yes No

E-mail address: _____

Age: _____
 Sex F M
 Pregnant Y N
 Breastfeeding Y N

Place of residence
 (circle one)
 1. Farm
 2. Town < 10,000
 3. City > 10,000
 4. Suburbs > 50,000
 5. Cities > 50,000

Highest grade
 in school
 completed:

Total Household Income
 (last month)
 \$ _____

EFNEP HHB
 Instruction Type:
 1. Group
 2. Individual
 3. Both

Have you been enrolled in EFNEP before?
 Yes No
 If yes, did you receive a graduation certificate?
 Yes No

Children by Age (first name of children thru age 19):

1.) _____ Age: _____ years
 2.) _____ Age: _____ years
 3.) _____ Age: _____ years
 4.) _____ Age: _____ years
 5.) _____ Age: _____ years

Number of *Other* Adults in Household: _____

Ethnicity:
 _____ Hispanic or Latino
 _____ Non- Hispanic or Non-Latino
 Race: (check all that apply)
 _____ American Indian or Alaskan Native
 _____ Asian
 _____ Black or African American
 _____ Pacific Islander (includes Hawaiian)
 _____ White

Programs that the family participates in at ENTRY:(circle)

Child Nutrition Y N Food Stamps Y N TANF Y N Other:
 FDPIR Y N Head Start Y N WIC/CSFP Y N specify: _____

Comments: _____

Complete EXIT information only when leaving EFNEP program

EXIT reason: (circle)

- 1. Educational Objectives Met
- 2. Returned to school
- 3. Took job
- 4. Family concerns
- 5. Staff vacancy/transfer
- 6. Moved
- 7. Lost interest
- 8. Other _____
- 9. Other obligations
- 10. Lost contact with participant

Total # of lessons: _____

Total # of contacts: _____

Exit Date: _____

Did your family receive assistance as the result of a referral or suggestion from EFNEP staff? Yes No

If yes, circle all that apply:

- 1. Child Nutrition 5. Other _____
- 2. FDPIR 6. TANF
- 3. Food Stamps 7. WIC/CSFP
- 4. Head Start