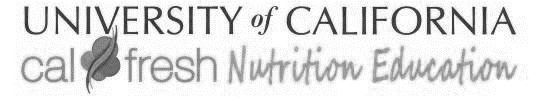
**EHBA #3 ITC—List**



NAME TODAY’S DATE

ADDRESS *(City, State, Zip Code)*

If interested in participating in a future nutrition education class, please provide a **phone number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of nearest school or school child attends:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Do you or your family receive **CalFresh** benefits (food stamps)? | * Yes | * No | * Don’t know |
| Do you or your family receive **WIC** Benefits? | * Yes | * No | * Don’t know * Don’t know |
| Does your child receive **Free** or **Reduced** Price meals at school? | * Yes | * No | * Don’t know |

**GENDER:** ☐ Female ☐ Male

**AGE:** ☐ 18-59 ☐ 60 or older

**ETHNICITY:** ☐ Hispanic or Latino ☐ Non-Hispanic or Non-Latino

**RACE *(Check all you identify with)***

 American Indian/Alaskan Native  Asian  Black or African American

 Native Hawaiian or Pacific Islander  White  More than one race

 Yes

 No

1. **The last time you bought food, did you make a**

**List before going to the store?**

 Yes

 Maybe

 No

1. **The next time you buy food, will you make a list**

**Before going to the store?**

**Please share with us how this workshop will help you and your family:**

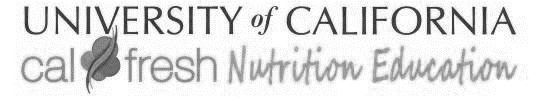
**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*The University of California prohibits discrimination or harassment of any person in any of its programs or activities. (Complete nondiscrimination policy statement can be found at http://ucanr.org/sites/anrstaff/files/107734.doc)* *Inquiries regarding the University’s equal employment opportunity policies may be directed to Linda Marie Manton, Affirmative Action Contact, University of California, Davis, Agriculture and Natural Resources, 2801 2nd Street, Davis, CA 95618, (530) 750-1318.*Funding provided by the United States Department of Agriculture (USDA) Supplemental Nutrition Assistance Program.

(ITC 4/21/16: List)

**EHBA #3 ITC—Lista**



|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Nombre** |  | **Fecha De Hoy** | | |  |  |
| **Dirección** (*Ciudad, Estado, Código Postal*) | | | | | | |
| Si usted está interesado en participar en una clase de educación nutricional futuro, por favor proporcione **un número de teléfono:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| Nombre de la escuela más cercana a usted o de la escuela de su hijo/a: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| ¿Usted o su familia reciben los beneficios de **CalFresh** (estampillas de alimento)? | | | | * Sí | * No | * No lo sé |
| ¿Usted o su familia reciben beneficios de **WIC**? | |  |  | * Sí | * No | * No lo sé |
| ¿Su hijo/a recibe comidas escolares **gratis o a precio reducido**? | |  |  | * Sí | * No | * No lo sé |
| **Generó**: ☐ Mujer ☐ Hombre |  | | | | |  |
| **Edad**: ☐ 18-59 ☐ 60+ Años |  | | | | |  |
| **Etnicidad**: ☐ Hispano O Latino ☐ Ni-Hispano o ni-Latino | | | | | | |
| **Raza *(puede marcar más de una)***  ☐ Negro o afroamericano ☐ Nativo de Hawái o de ostra isla del Pacifico ☐ Asiático  ☐ Caucásico ☐ Indio norteamericano o nativo de Alaska ☐ Más de una raza | | | | | | |

**** Sí

**** No

1. **¿La última vez que usted compró alimentos, hizo usted**

**una lista antes de ir a la tienda?**

**** Sí

**** Tal vez

**** No

1. **¿La próxima vez que usted vaya a comprar alimentos,**

**hará usted una lista antes de ir a la tienda?**

Por favor comparta con nosotros como esta clase le ayudará a usted y su familia:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

La política de la Universidad se propone concordar con las disposiciones de las leyes estatales y federales procedentes. Las preguntas sobre las políticas de igualdad de oportunidades de empleo de UC ANR pueden dirigirse a: Linda Marie Manton, Affirmative Action Contact and Title IX Officer, University of California, Agriculture and Natural Resources, 2801 Second Street, Davis, CA 95618, (530) 750-1318. Correo electrónico: Email: lmmanton@ucanr.edu. Website: http://ucanr.edu/sites/anrstaff/Diversity/Affirmative\_Action/. Este material fue financiado por el Programa de Asistencia de Nutrición Suplementaria del USDA-SNAP. El USDA es un proveedor y empleador de igualdad de oportunidades.

(ITC 2016: Lista)