



A-Z	A-Z	01-12	01-31
First Letter of your First Name	First Letter of your Last Name	Birth Month (2 digits)	Birth Day (2 digits)

Please Share a Little We would like to learn about the people who attend our activities to help us improve our services. Your answers are combined with everyone else's and cannot be used to identify you. **Thank you for your help.**

1) CHECK THE BOX THAT BEST DESCRIBES YOUR AGE:

- ☐ 0-4 years ☐ 5-17 years ☐ 18-59 years ☐ 60+ years

2) CHECK THE BOX THAT BEST DESCRIBES YOUR SEX:

- ☐ Female ☐ Male ☐ Other ☐ Prefer not to answer

3) CHECK THE BOX THAT BEST DESCRIBES YOUR ETHNICITY:

- ☐ Hispanic/Latino ☐ NOT Hispanic/Latino ☐ Prefer not to answer

4) CHECK ALL BOXES THAT APPLY TO YOUR RACE:

- ☐ American Indian or Alaskan Native ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☐ Prefer not to answer
☐ Asian

Funded by USDA SNAP, an equal opportunity provider and employer. Please visit CalFreshHealthyLiving.org for healthy tips.



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