



Cooking Matters

for Families—Extra Child Form

1. What is your child's sex?

- Male
 Female

2. What is your child's age?

- 7 and under 11
 8 12
 9 13 and over
 10

3. Is your child Hispanic or Latino?

- Yes
 No

4. What is your child's race?

(You may mark more than one.)

- White
 Black or African American
 Asian
 Native Hawaiian or Pacific Islander
 American Indian or Alaska Native
 Other (please specify)
-

5. Have you, your child, or any other members of your household participated in any of the following programs in the last year?

(Mark all that apply.)

- WIC
 SNAP (formerly Food Stamps)
 Free or reduced-price school breakfast
 Free or reduced-price school lunch
 Free or reduced-price school supper
 Free summer meals
 Head Start
 Food Pantry
 Medicaid
 Do not participate in any of these programs.

6. Please list any food allergies your child has: