

Oregon SNAP-ED Enrollment Form- Direct Education

<p>Date: _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>Zip: _____</p> <p>Phone: _____</p> <p>Programs that you or your family currently participate in:</p> <p><input type="checkbox"/> SNAP – Oregon Trail Card</p> <p><input type="checkbox"/> Emergency Food Box</p> <p><input type="checkbox"/> WIC</p> <p><input type="checkbox"/> School Meals</p> <p><input type="checkbox"/> Other public assistance (but not SNAP)</p> <p><input type="checkbox"/> Family receives no public assistance</p>	<p style="text-align: center;">The following information is voluntary:</p> <p>Race: (Check all that you identify with)</p> <p><input type="checkbox"/> American Indian/Alaska Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or other Pacific Islander</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Other (please specify): _____</p> <p>Ethnicity: Hispanic or Latino (Spanish origin)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (definitions on back of this form)</p> <p>Gender: (Check all that you identify with)</p> <p><input type="checkbox"/> Woman <input type="checkbox"/> Man <input type="checkbox"/> Transgender Man <input type="checkbox"/> Transgender Woman <input type="checkbox"/> Gender Non-Conforming <input type="checkbox"/> Other (please specify): _____</p> <p>Age: <input type="checkbox"/> 5-17 years <input type="checkbox"/> 18-59 years</p> <p><input type="checkbox"/> 60+ years</p>
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For staff use only:

Course code: _____

Satellite Partner Name: _____

Site Name: _____