

# Adult Enrollment Record Family Nutrition Program

<b>1. Staff:</b>		_____ <b>Entry</b> _____ <b>Exit</b>
<b>2. ID Number:</b>	3. Age: _____	4. Sex: F M
	5. Tobacco Use: <input type="checkbox"/> Yes <input type="checkbox"/> No	6. Highest Grade Completed ( <i>circle</i> ): 8 9 10 11 12 GED College: _____ years
a. Name _____ <span style="margin-left: 40px;"><i>First</i></span> <span style="margin-left: 100px;"><i>Middle Initial</i></span> <span style="margin-left: 100px;"><i>Last</i></span>	7. Pregnant: <input type="checkbox"/> Yes <input type="checkbox"/> No Due Date: _____ Pregnant Weight Gain: _____ lbs. Infant Birth Weight: _____ lbs. _____ oz.	
b. Street/Route/Box _____	8. Breastfeeding: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how long? _____	
c. City _____ Zip _____	9. Race: <i>Check the category you identify with</i> 1-00 <input type="checkbox"/> White (non-Hispanic) 2-00 <input type="checkbox"/> Black (non-Hispanic) 3-00 <input type="checkbox"/> American Indian/Alaskan Native 4-00 <input type="checkbox"/> Hispanic 5-00 <input type="checkbox"/> Asian or Pacific Islander	
d. Phone _____	10. Place of Residence ( <i>check one</i> ) 1 <input type="checkbox"/> Farm 2 <input type="checkbox"/> Towns under 10,000 & rural nonfarm 3 <input type="checkbox"/> Towns & cities 10,000 to 50,000 4 <input type="checkbox"/> Suburbs of cities over 50,000 5 <input type="checkbox"/> Central cities over 50,000	11. Total Household Income Last Month: \$ _____
12. Others in Household:	Age (Years)	13. Subgroups ( <i>circle all that apply</i> ): A - EFNEP                      F - PEIA B - FSNE                        G - Six-month Update C - Breast-feeding Support    H - Other _____
1)		14. Instruction Type ( <i>circle lesson type</i> ): 1 - Group                      2 - Individual  15. Entry Date: _____
2)		
3)		
4)		
5)		
6)		
7)		
16. Assistance programs you are participating in at ENTRY (check all that apply):  <input type="checkbox"/> WIC <input type="checkbox"/> Food Stamps <input type="checkbox"/> Food Pantry <input type="checkbox"/> Head Start <input type="checkbox"/> School Meals (Child Nutrition) <input type="checkbox"/> TANF (WV Works) <input type="checkbox"/> Other _____ <span style="margin-left: 100px;"><i>Specify</i></span>	<b>Complete exit information ONLY when leaving the Program</b>	
	17. Total number of lessons: _____ 18. Exit date: _____ 19. Exit reason ( <i>check one</i> ): 1 <input type="checkbox"/> Educational objective met 2 <input type="checkbox"/> Returned to school 3 <input type="checkbox"/> Took job 4 <input type="checkbox"/> Family concerns 5 <input type="checkbox"/> Staff vacancy 6 <input type="checkbox"/> Moved 7 <input type="checkbox"/> Lost interest 8 <input type="checkbox"/> Other obligations 9 <input type="checkbox"/> Lost contact with client	20. Did you receive assistance as the result of a referral or suggestion from WVUES staff? ( <i>circle</i> ) Yes No <input type="checkbox"/> WIC <input type="checkbox"/> Food Stamps <input type="checkbox"/> Food Pantry <input type="checkbox"/> Head Start <input type="checkbox"/> School Meals (Child Nutrition) <input type="checkbox"/> TANF (WV Works) <input type="checkbox"/> Other _____ <span style="margin-left: 100px;"><i>Specify</i></span>
Comments:		

