ACCESS TO HEALTHY FOOD PROGRAM 2023

1-_____ or 2-_____ | ☐ SNAP or ☐ WIC | ☐ SFMNP ☐ WIC-FMNP | Staff Initials:

Last 5 #s of EBT/WIC card: _____ P-EBT: _____ | Enrollment Date:

Resident of Boone County: Yes No (**Non-Boone County residents are not eligible for matching funds.**)

Language (circle one): English Spanish French Arabic Mandarin Chinese Hindi Other: _____

Primary Household Member Name: _____

Address: _____ **City:** _____ **Zip:** _____

Email Address: _____ **Cell Phone #:** _____ **Can we text you?** ☐

Circle which answer best applies to you: 1) Children in the household 19 and under, 2) Disabled or 3) Over the age of 60

How many people reside in your household? _____

Household info: Please provide the name and age of each household member then match each person's gender, race/ethnicity, and employment status in the space provided. ***Start with your name on 1.***

NAME of each household member: *(ENTER PRIMARY HOUSEHOLD MEMBER INFORMATION ON LINE #1)*	AGE	GENDER 1. Female 2. Male 3. Other	EMPLOYMENT STATUS 1. Full-Time 2. Part-Time 3. Disabled 4. Retired 5. Unemployed 6. College Student 7. Child (Age 0-19) – Not Employed 8. None of the above	RACE/ETHNICITY 1. White/Caucasian 2. Black/African American 3. Multiple Races 4. Asian 5. Native American Indian or Alaskan Native 6. Latino/Hispanic 7. Other
PRIMARY HOUSEHOLD MEMBER (YOU)				
1.				
OTHER HOUSEHOLD MEMBERS				
2.				
3.				
4.				
5.				

Do you rent, own, or live with a family friend? (Circle one)

Own Rent Live with Family/Friends Homeless Other

How would you rate your level of stress related to hunger? (Circle one, on a scale of 0-3)

No Stress 0 1 2 3 High Stress

How many times last month did one or more members of the household go without food?

0 1 2 3 4 5 More than 5

Do you use a Food Pantry? YES NO **If yes, which one(s)?** _____

Did you participate in this program previously? Yes No

If yes, what years? 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022

How did you find out about the program?

TV Website Word of Mouth WIC Center CFM Church Newspaper Flyer DSS (SNAP Office) RIS Facebook

Columbia/Boone County Health Department Senior Center Aging Best Other:_____

How much Money do you spend on food each month (on average)?

$0 $1-$49 $50-$99 $100-$199 $200-$299 $300-$399 $400-$499

$500-$599 $600-$699 $700-$799 $800-$899 $900-$999 $1000+