

# ACCESS TO HEALTHY FOOD PROGRAM 2024



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
<b>PRIMARY HOUSEHOLD MEMBER (YOU)</b>				
1.				
<b>OTHER HOUSEHOLD MEMBERS</b>				
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+