

ACCESS TO HEALTHY FOOD PROGRAM: 2025 ENROLLMENT FORM

- **Are you a resident of Boone County?** YES NO (Non-Boone County residents are not eligible for matching funds.)
- **Circle the answer that best applies to you:** 1) Children in the household 19 and under, 2) Disabled, **OR** 3) Over the age of 60
- **Language (circle one):** English Spanish French Arabic Mandarin Chinese Hindi Other: _____
- **Primary Household Member Name:** _____
- **Address:** _____ **City:** _____ **Zip:** _____
- **Email Address:** _____ **Cell Phone #:** _____ **May we text you?**
- **How many people reside in your household?** _____

Household info: Please provide the age, gender, employment status, and race/ethnicity of each household member, including Primary Household Member on line 1.

AGE	GENDER 1. Female 2. Male 3. Transgender 4. Non-binary 5. None of the above	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. None of the above
PRIMARY HOUSEHOLD MEMBER (YOURSELF)			
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 did one or more household members go without food last month?**
0 1 2 3 4 5 More than 5
- **Which Food Pantry do you use?**
I don't use a Food Pantry Food Bank Market (Business Loop) Voluntary Action Center Tiger Pantry Other: _____
- **In which years have you participated in AHF?**
2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 2024 I have never participated in AHF
- **How did you find out about the program?**
TV Website Word of Mouth WIC Center CFM Church Newspaper Flyer DSS (SNAP Office) Refugee Services Facebook Instagram 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+			

For issuing management only:

Date:	1-_____ or 2-_____ <input type="checkbox"/> SNAP or <input type="checkbox"/> WIC <input type="checkbox"/> SFMNP <input type="checkbox"/> WIC-FMNP Verified Boone Co Residency: <input type="checkbox"/>	Staff:	Enrollment Approved:
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