

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 1. White/Caucasian 2. Black/African American 3. Multiple Races 4. Asian 5. Native American Indian or Alaskan Native 6. None of the above	ETHNICITY 1. Hispanic or Latino (any race) 2. Not Hispanic or Latino
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	Staff:	Enrollment Approved:
	Verified Boone Co Residency: <input type="checkbox"/>		