

Family Nutrition Program enrollment form

1. Program assistant information

Name: _____ ID#: _____

2. Participant information

Name _____ ID# _____

Address _____

City _____ State _____ Zip _____ Phone _____

3. Enrolled in FNP or EFNEP before? Yes No

If yes, did you receive a certificate of completion? Yes No

4. Age _____ 5. Sex F M

6. Race: Check the category you identify with.

- (1-00) White (non-Hispanic)
- (2-00) Black (non-Hispanic)
- (3-00) American Indian/Alaskan Native
- (4-00) Hispanic
- (5-00) Asian or Pacific Islander

7. Place of residence (check one):

- Farm
- Towns under 10,000 & rural non-farm
- Towns & cities 10,000-50,000
- Suburbs of cities over 50,000
- Central cities over 50,000

8. Total household income last month: \$ _____

9. Household members: List first names of children (through age 19) and their ages.

Name	Age	Name	Age
1) _____	_____	2) _____	_____
3) _____	_____	4) _____	_____
5) _____	_____	6) _____	_____
7) _____	_____	8) _____	_____
9) _____	_____	10) _____	_____

10. Number of other adults in household (not counting participant): _____

11. Entry date: __ / __ / __

13. Highest educational level:

- 8th grade
- 9th grade
- 10th grade
- 11th grade
- 12th grade
- GED
- Other (specify) _____

12. Assistance programs that the family participates in at entry:

- Food Stamps Yes No
- WIC¹/CSFP² Yes No
- FDPIR³ Yes No
- Commodities Yes No
- Head Start Yes No
- Child Nutrition⁴ Yes No
- FIP⁵ Yes No
- Other Yes No

(specify) _____

¹WIC, Women, Infants, and Children Supplemental Food Program

²CSFP, Commodity Supplemental Food Program

³FDPIR, Food Distribution Program on Indian Reservation

⁴Child Nutrition includes school lunch and breakfast

⁵FIP, Family Investment Program

IOWA STATE UNIVERSITY
University Extension

Behavior checklist—part A (to be completed at entry)

Think about how you actually do things. Put a check in the box that best answers each question. Leave blank any statements that do not apply to you. This assessment will help you and your Family Nutrition Program assistant set goals. At the end of your sessions, you'll repeat this exercise. Your responses will be combined with others for reporting purposes and remain confidential.

	Do not do	Seldom	Sometimes	Most of the time	Almost always
How often do you make meals that include a variety of foods from the food guide pyramid?	<input type="checkbox"/>				
How often do you use the "nutrition facts" on the food label to make food choices?	<input type="checkbox"/>				
How often do you let your children choose how much to eat?	<input type="checkbox"/>				
How often do you let your children choose whether to eat foods that are offered?	<input type="checkbox"/>				
How often do your children eat something in the morning within two hours of waking up?	<input type="checkbox"/>				
How often do you eat meals or snacks with one or more family members?	<input type="checkbox"/>				
How often do you talk and listen to family members during mealtime?	<input type="checkbox"/>				
How often do you budget enough money for food purchases?	<input type="checkbox"/>				
Are you aware of community food resources such as a food pantry or soup kitchen? <input type="checkbox"/> Yes <input type="checkbox"/> No					
How often do you use community food resources?	<input type="checkbox"/>				
How often do you keep track of how your money is spent during the month?	<input type="checkbox"/>				
How often do you pay bills on time?	<input type="checkbox"/>				
How often do you spend money on unplanned purchases?	<input type="checkbox"/>				
How often do you plan meals ahead of time?	<input type="checkbox"/>				
How often do you compare prices before you buy food?	<input type="checkbox"/>				
How often do you run out of food before the end of the month?	<input type="checkbox"/>				
How often do you shop with a grocery list?	<input type="checkbox"/>				

Our family's strengths are:

Areas our family needs to work on:

Behavior checklist—part B (to be completed at exit)

Think about how you actually do things. Put a check in the box that best answers each question. Leave blank any statements that do not apply to you. This exercise will help us better understand how effective our work together has been. Your responses will be combined with others for reporting purposes and remain confidential.

	Do not do	Seldom	Sometimes	Most of the time	Almost always
How often do you make meals that include a variety of foods from the food guide pyramid?	<input type="checkbox"/>				
How often do you use the “nutrition facts” on the food label to make food choices?	<input type="checkbox"/>				
How often do you let your children choose how much to eat?	<input type="checkbox"/>				
How often do you let your children choose whether to eat foods that are offered?	<input type="checkbox"/>				
How often do your children eat something in the morning within two hours of waking up?	<input type="checkbox"/>				
How often do you eat meals or snacks with one or more family members?	<input type="checkbox"/>				
How often do you talk and listen to family members during mealtime?	<input type="checkbox"/>				
How often do you budget enough money for food purchases?	<input type="checkbox"/>				
Are you aware of community food resources such as a food pantry or soup kitchen? <input type="checkbox"/> Yes <input type="checkbox"/> No					
How often do you use community food resources?	<input type="checkbox"/>				
How often do you keep track of how your money is spent during the month?	<input type="checkbox"/>				
How often do you pay bills on time?	<input type="checkbox"/>				
How often do you spend money on unplanned purchases?	<input type="checkbox"/>				
How often do you plan meals ahead of time?	<input type="checkbox"/>				
How often do you compare prices before you buy food?	<input type="checkbox"/>				
How often do you run out of food before the end of the month?	<input type="checkbox"/>				
How often do you shop with a grocery list?	<input type="checkbox"/>				

Describe the most important changes you and your family have made as a result of this program:

How would you describe the benefit of this program to you? *(circle the number)*

1. Fell far short of my expectations
2. Somewhat met my expectations
3. Met my expectations well
4. Met my expectations very well
5. Greatly exceeded my expectations

Would you recommend this program to others? *(circle the number)*

1. No, definitely not
2. No, probably not
3. Not sure
4. Yes, probably
5. Yes, definitely

Teaching record

Date completed	Lesson
_____	The Food Guide Pyramid
_____	The vegetable and fruit food groups
_____	Choose a healthful breakfast
_____	Breads, cereals, rice, and pasta
_____	Snacks
_____	Say yes to family mealtime
_____	Making family mealtime work
_____	Parents and children: Partners for healthy eating
_____	Feeding children as they grow
_____	Financial wellness: Start on the right track
_____	Financial wellness: Follow your plan
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Type of instruction:

- Group
- Individual
- Both
- Other _____

Reason for exiting program:

- Met graduation criteria
- Returned to school
- Took a job
- Family concerns
- Moved
- Lost interest
- Other (specify)

Exit date: ____ / ____ / ____

... and justice for all

The Iowa Cooperative Extension Service's programs and policies are consistent with pertinent federal and state laws and regulations on nondiscrimination. Many materials can be made available in alternative formats for ADA clients.

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