UF UNIVERSITY of FLORIDA
IFAS Extension

ENTRY

Expanded Food and Nutrition Education Program
Adult Form at Entry
Unshaded Areas Completed by Participant

Fill out COMPLETELY for each client at entry. Keep a copy in client's file after Agent reviews it.

PA's Name:_____ **Family ID:**_____

1.Name:_____
(First) (MI) (Last)

2. Address:_____

3. City:_____ Zip:_____

4. Phone:_____ 5. Age_____

6. Sex:..... F M

7. Pregnant: ..... Y N

8. Breastfeeding: ..... Y N

9. Place of Residence: (circle one)
1. Farm
2. Towns under 10,000 & rural non-farm
3. Towns & Cities 10,000 to 50,000
4. Suburbs of Cities over 50,000
5. Central Cities over 50,000

17. Subgroups (circle all that apply)
A. EFNEP **D. ESWIC**
B. Program Family **E. Sample**
C. FNP **F. Other** _____

10. Highest Grade Completed: _____

11. Total Household Income Last Month:
$_____

18. Ethnicity: (Circle one):
A. Hispanic B. Not Hispanic

19. Race (Check ALL that apply)
____ American Indian or Alaskan Native ____ Asian
____ Black or African American ____White
____ Native Hawaiian or Other Pacific Islander ____Other

20. Subcategory: _____

12. Instruction (Lesson) Type: (circle)
1. Group 2. Individual 3. Both

13. Total Number of Lessons:_____

14. Total Number of Contacts/Meetings:_____

15. First name & age of children (through age 19):

	Age (Years)
1)_____	_____
2)_____	_____
3)_____	_____
4)_____	_____
5)_____	_____

16. Number of other adults in household:
(don't count yourself): _____

21. Check any assistance program(s) your family participates in today:

1.___WIC/CSFP
2.___Food Stamps
3.___FDPIR (Food Distribution Program Program on Indian Res.)
4.___TEFAP Commodities
5.___Head Start
6.___Child Nutrition
7.___TANF (WAGES)
8. Other:
_____

22. ENTRY DATE: _____

23. Remarks:

DO NOT WRITE
IN GREY AREAS

24 HOUR FOOD RECALL AT ENTRY

ENTRY

1. Do you take nutritional supplements? Yes ____ No ____ If Yes, list type: ___________________	2. Money spent on food last month: $_______ 3. Today's date: _______________
MEAL TYPE 1 = Morning 4 = Afternoon 2 = Mid-morning 5 = Evening 3 = Noon 6 = Late Evening	Serving Abbreviations TBSP = tablespoon c = cup tsp = teaspoon lb = pound oz = ounce sl = slice

How much time (in minutes) were you active yesterday? _____ 30 or less _____ 30 to 60 _____ 60 or more

4. What did you eat and drink in the last 24 hours? Food Items and Description (List all foods and beverages. List separately main ingredients in mixed dishes.)	Amount Eaten	Meal Type