



A-Z	A-Z	01-12	01-31
First Letter of your First Name	First Letter of your Last Name	Birth Month (2 digits)	Birth Day (2 digits)

Adult Demographic Card

We would like to learn about people who attend our activities to help us improve services. Your answers are combined with everyone else's and cannot be used to identify you. Everyone here today should fill out one of these forms. Thank you for your help!

Check the box that best describes your age

- 0-4
 5-17
 18-59
 60+

Check the box that best describes your Gender/Sex

- Female
 Male
 Other / Prefer not to answer

Check the box that best describes your Ethnicity

- Hispanic/Latino
 Not Hispanic/Latino
 Prefer not to answer

Choose all that apply to your Race

- American Indian or Alaskan Native
 Asian
 Black or African American
 Native Hawaiian or Pacific Islander
 White

This material was funded by USDA's Supplemental Nutrition Program - SNAP, known in California as CalFresh. These institutions are equal opportunity providers and employers. CalFresh provides assistance to low-income households and can help buy nutritious foods for better health. For CalFresh information, call 1-877-847-3663.



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