

CNEP ADULT ENROLLMENT FORM (A-101)

ENTRY

(Reverse for EXIT)

Family ID# _____

Date Entered Into ERS _____

NEA NAME:

1. Have you previously been enrolled in: EFNEP? **Yes No** ONE? **Yes No**
 If yes: did you receive a Certificate of Completion? **Yes No**
 Where/When?

2. Name: _____

3. Street: _____

4. City _____

5. State **OK** 6. Zip _____

7. Phone () _____

8. Age _____ 9. Sex **F M**

10. Pregnant? **Yes No**

11. Breastfeeding? **Yes No**

12. **Ethnicity**

Are you Hispanic/Latino/Spanish?
 (Circle One) **Yes No**

13. **Race (check all that apply)**

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

14. **Residence:** Check One

- _____ 1 Farm
- _____ 2 Town under 10,000 & rural non-farm
- _____ 3 Town/City 10,000 to 50,000
- _____ 4 Suburb of City over 50,000
- _____ 5 Central City over 50,000

15. **Total Monthly Income**
 \$ _____

16. **High Grade**

17. **Instruction (Lesson) Type:** Check One

- 1 _____ Group
- 2 _____ Individual
- 3 _____ Both
- 4 _____ Other

18. **Total Number of Lessons** _____

19. **Household Members: List youngest to oldest**

(Children (through age 19))

First Name	Age(yrs)	First Name	Age(yrs)
1) _____	_____	5) _____	_____
2) _____	_____	6) _____	_____
3) _____	_____	7) _____	_____
4) _____	_____	8) _____	_____

20. **Number of Other Adults in Household:**
 (don't count Participant) _____

21. **Enrollment Date:**

22. **SubGroup:**

A = EFNEP B = ONE Program

23.(a)

Gleaning Yes No

24. **Public Assistance Family Participates in at**

ENTRY. Check all that apply.

WIC/CSFP _____

Food Stamps _____

FDPIR (Commodities on Indian Reservations) _____

TEFAP (The Emergency Food Assistance Program) _____

Head Start _____

Child Nutrition _____

(Reduced/Free School lunch/breakfast) _____

TANF _____

Other (Specify): _____

Revised 10-05

EXIT

(Reverse for Entry)

COMPLETE EXIT INFORMATION ONLY WHEN LEAVING CNEP PROGRAM

NEA NAME:

1. Family ID:

NAME:

12. Ethnicity

Are you Hispanic/Latino/Spanish?

(Circle One) **Yes** **No**

24. Exit Date:

25. Did family receive assistance as the result of a referral or suggestion from CNEP personnel? **Y** **N**

13. Race (check all that apply)

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

- If yes, check all that apply.
- WIC/CSFP
 - Food Stamps
 - FDPIR (Commodities on Indian Reservation)
 - TEFAP (The Emergency Food Assistance Program)
 - Head Start
 - Child Nutrition
 - TANF
 - Other (Specify) _____

17. Total Number of Lessons:

23. Exit Reason: (Check)

- 1 Educational Objective Met (Graduation)
- 2 Returned to School
- 3 Took Job
- 4 Family Concerns
- 5 Staff Vacancy
- 6 Moved
- 7 Lost Interest
- 8 Other (Specify) _____
- 9 Other Obligations
- A Lost Contact with Client

Revised 10-05