

# CNEP Adult Enrollment Form (FS-A101)

NEA Name \_\_\_\_\_

1) Name \_\_\_\_\_

Street Address (Physical Address, no P.O. Box number)  
\_\_\_\_\_  
\_\_\_\_\_

City & Zip \_\_\_\_\_ OK \_\_\_\_\_

Phone \_\_\_\_\_

Age \_\_\_\_\_ Gender Male \_\_\_\_\_  
Female \_\_\_\_\_

2) Pregnant? Yes \_\_\_\_\_ No \_\_\_\_\_

Breastfeeding? Yes \_\_\_\_\_ No \_\_\_\_\_

3) Where do you live?

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 \_\_\_\_\_

4) Last Grade Completed (please specify)

Grade 6 or less \_\_\_\_\_  
Grade 7 \_\_\_\_\_  
Grade 8 \_\_\_\_\_  
Grade 9 \_\_\_\_\_  
Grade 10 \_\_\_\_\_  
Grade 11 \_\_\_\_\_  
Grade 12 or GED \_\_\_\_\_  
Some College \_\_\_\_\_  
Graduated 2 Year College \_\_\_\_\_  
Graduated college \_\_\_\_\_  
Post College \_\_\_\_\_

5) Total Monthly income \_\_\_\_\_

6) Lesson Type Individual \_\_\_\_\_  
Group \_\_\_\_\_

7) Children (through age 19)

List children's ages separated by commas.

8) How many other adults live in household?

(do not count yourself)

9) Subgroup

EFNEP \_\_\_\_\_  
ONE Program \_\_\_\_\_  
Guest Participant \_\_\_\_\_

10) Gleaning Yes \_\_\_\_\_ No \_\_\_\_\_

11) Group Name \_\_\_\_\_

12) Ethnicity

Are you Hispanic/Latino or Spanish?

Yes \_\_\_\_\_ No \_\_\_\_\_

13) Race (check all that apply)

American Indian / Alaskan Native \_\_\_\_\_  
Asian \_\_\_\_\_  
Black or African American \_\_\_\_\_  
Native Hawaiian or  
Other Pacific Islander \_\_\_\_\_  
White \_\_\_\_\_

14) Public Assistance Family Participates in at entry (check all that apply)

Child Nutrition (reduced/free school lunch/breakfast) \_\_\_\_\_

FDPIR (Commodities on Indian Reservations) \_\_\_\_\_

Food Stamps \_\_\_\_\_

Head Start \_\_\_\_\_

Other (please specify) \_\_\_\_\_

TANF \_\_\_\_\_

TEFAP/(The Emergency Food Assistance Program) \_\_\_\_\_

WIC/CSFP \_\_\_\_\_

15) Number of Lessons \_\_\_\_\_

Number of Contacts \_\_\_\_\_

16) Enrollment Date \_\_\_\_\_

For Staff Use Only

Comments \_\_\_\_\_

Data Entry Date

ID #

# CNEP Adult Exit Form

NEA Name \_\_\_\_\_ Family ID # \_\_\_\_\_

1) Name \_\_\_\_\_

2) Exit Reason

Educational Objective Met (Graduation) \_\_\_\_\_

Returned to School \_\_\_\_\_

Took Job \_\_\_\_\_

Family Concerns \_\_\_\_\_

Staff Vacancy \_\_\_\_\_

Moved \_\_\_\_\_

Lost Interest \_\_\_\_\_

Other (specify) \_\_\_\_\_

Other Obligations \_\_\_\_\_

Lost Contact with Client \_\_\_\_\_

3) Exit Date \_\_\_\_\_

4) Did family receive Public Assistance as the result of a Referral or Suggestion from CNEP Personnel? Yes \_\_\_\_\_ No \_\_\_\_\_

Child Nutrition (Reduced/Free School Lunch/Breakfast) \_\_\_\_\_

FDPIR (Commodities on Indian Reservations) \_\_\_\_\_

Food Stamps \_\_\_\_\_

Head Start \_\_\_\_\_

Other (specify) \_\_\_\_\_

TANF \_\_\_\_\_


TEFAP (The Emergency Food Assistance Program) \_\_\_\_\_

WIC/CSFP \_\_\_\_\_

5) Did you become pregnant after Enrollment in Program? Yes \_\_\_\_\_ No \_\_\_\_\_

Did you begin breastfeeding after Enrollment in Program? Yes \_\_\_\_\_ No \_\_\_\_\_

6) How have you used the Information learned in this program?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<i>To be completed by NEA</i>	
<b>7) TOTAL:</b>	
# of LESSONS _____	# of CONTACTS _____

CNEP would like to express appreciation to Becky Buller for her support in the development of this form.