

Youth Name _____ Youth County of Residence _____

Youth Grade for 22-23 School Year: _____

Is the youth currently enrolled in 4-H? Yes No

Youth Age:

- 5-7 years 8-10 years 11-13 years
- 14-17 years 18 years+

Gender:

- Male Female Non-binary
- Self-Describe: _____

Youth Ethnicity:

- Hispanic/Latino?
- Yes No Prefer not to respond
- Middle Eastern/Arab?
- Yes No Prefer not to respond

Race (check all that apply):

- American Indian/Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White
- Prefer not to Respond

Please check all programs that youth's family uses:

- SNAP Bridge Card/EBT
- Double Up Food Bucks
- Head Start
- FDPIR (Indian Food Distribution)
- Free/Reduced School Lunch
- Medicaid
- SSI (Supplemental Security Income)
- Sr. Project FRESH/Market FRESH
- TEFAP (Commodities)
- WIC or CSFP (Supplemental Food)
- FIP/TANF (Family Independence Program)

If none of the above are selected, please fill out the following information:

Please provide **monthly** household income

\$ _____

Number of people in your household (children and adults)

Guardian / Emergency Contact Information

Adult Contact Name _____

Street Address _____

City _____ Zip _____

Email _____ Phone _____

Can We Text?* Yes No *(Standard data rates may apply)