

CNEP Adult Enrollment Form (A-101) NEA Name: _____

1) **Name:** _____
Street Address: _____

City: _____ **State:** OK
Zip: _____ **Phone:** _____
Age: _____ **Sex:** Male
 Female

2) **Pregnant?** Yes No
Breastfeeding? Yes No

3) **Where do you live?**

Farm
 Towns Under 10,000 & Rural Non-Farm
 Towns and 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) **Group Name:** _____

8) **Number of Lessons:** _____
Number of Contacts: _____

9) **Children** (through age 19)
 List children's ages separated by commas.
 Use "0" for infants. Repeat ages for twins.

10) **How many other adults live with you?**
 (do not count yourself) _____

11) **Subgroup:** EFNEP
 ONE Program
 Guest Participant

12) **Gleaning** Yes No

13) **Ethnicity: Are you Hispanic/Latino or Spanish?**
 Yes No

14) **Race:** (check all that apply)

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

15) **Enrollment Date:** _____

16) **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
 TANF
 TEFAP/
 (The Emergency Food Assistance Program)
 WIC/CSFP

For Staff Use Only	Entry Date: _____ ID#: _____
Comments: _____	

CNEP Adult Exit Form (A-101)

NEA Name: _____ Family ID#: _____

1) Name: _____

2) Did You Become Pregnant after Enrollment in Program? Yes No

Did You Begin Breastfeeding After Enrollment in Program? Yes No

3) Exit Reason: (Check)

- Educational Objective Met (Graduation)
- Returned to School
- Took Job
- Family Concerns
- Staff Vacancy
- Moved
- Lost Interest
- Other (Specify) _____
- Other Obligations
- Lost Contact with Client

4) Exit Date: _____

5) # of Lessons: _____ # of Contacts: _____

6) 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
- TANF
- TEFAP (The Emergency Food Assistance Program)
- WIC/CSFP

7) How Have You Used the Information Learned in this Program? _____
