

Date: _____

Agency Name: _____

Client Name (Please Print)	County of Residence	Receiving Food Stamps(Yes or No)	Employed (Yes or No)	0 -4 years	5 - 17 years	18 - 64 years	65 yrs Plus	Total No. People in Household	*Declared Race	*Hispanic

*You are not required to answer these questions to receive food assistance. However, your options for this field are: Black, White, Asian, American Indian, Other