



FARMERS' MARKET NUTRITION COUPON PROGRAM ENROLLMENT

| | |
|-------------|--|
| Name | |
|-------------|--|

| Family | | |
|--------------------------|---|---|
| Are you pregnant? | How many in your family are less than 19 years old? | How many people live in your household? |
| <input type="checkbox"/> | | |

| Senior/Elder |
|---|
| How many people live in your household? |
| |

| Gender | | Do you identify as First Nations? | |
|---|--|-----------------------------------|-----------------------------|
| <input type="checkbox"/> Female/ Identify as female | <input type="checkbox"/> Male/Identify as male | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

I agree to be a part of the Farmers' Market Nutrition Coupon Program. I understand the program provides fresh, local food for those who face financial challenges. I understand that these coupons are for my family's personal use only.

Sign here

Date

Area(s) of Support

In what area(s) could you and your family benefit from support while in the coupon program?

| Skill and Experience in Preparing Food | |
|--|--|
| <input type="checkbox"/> | Food preparation using utensils and appliances |
| <input type="checkbox"/> | Following instructions in recipes |
| <input type="checkbox"/> | Improvising with ingredients |
| Knowing about Nutritious Food | |
| <input type="checkbox"/> | Information about food and nutrition |
| <input type="checkbox"/> | How to read food labels |
| <input type="checkbox"/> | Where does food comes from |
| <input type="checkbox"/> | Cooking food and storing food safely to prevent food related illnesses |
| <input type="checkbox"/> | How shopping at a farmers' market impacts your community |
| <input type="checkbox"/> | Making healthy food |

| Organizational Skills & Experience | |
|------------------------------------|--|
| <input type="checkbox"/> | Preserving foods such as canning or freezing |
| <input type="checkbox"/> | Buying healthy food while on a budget |
| <input type="checkbox"/> | Buying and storing foods |
| <input type="checkbox"/> | Planning healthy meals |
| <input type="checkbox"/> | More confidence to make healthy meals |
| Personal and Social Factors | |
| <input type="checkbox"/> | More confidence buying healthy food |
| <input type="checkbox"/> | Connecting to other people in my community |
| <input type="checkbox"/> | Feeling healthier |
| Other Area of support | |
| <input type="checkbox"/> | |

Help Us Evaluate the Program (optional)

We would like to send you a survey to ask about the program. Please provide us with your email address. We will not share your personal information.

| | |
|----------------------|--|
| Email Address | |
|----------------------|--|