

**Food Bank of Northern Nevada
Participant Information**

_____ **Gender** _____
Name of Youth < Please Print >

Date _____

Program(s) attending: SUMFUN WINTERFUN CARE

The Food Bank of Northern Nevada offers food service for our programs. In return, we are required to provide information pertaining to our clients gender, age, ethnic background and residency in the community.

We would appreciate you taking the time to answer a few questions to help us fill out the monthly reports. Thank you for your time!

- **Child's ethnic background?**
Caucasian _____ African American _____
Hispanic _____ Native American _____
Asian _____ Pacific Islander _____
Other _____

- **County of residence?**
(Example: Churchill) _____

- **Length of time you've lived in above county?**
Less than 1 month _____
1 month – 2 years _____
2+ years _____

Thank you for your time!