



FOOD PROGRAM SURVEY

We are using this survey to ensure nutrition education is provided. Your answers will be kept strictly confidential and will not affect your benefits. The purpose of this questionnaire is to serve you better. Please do not sign your name to the questionnaire. Thank you for your help.

Are you satisfied with the nutritional information received through CSFP? Yes No

Would you like to receive more information in your food box? Yes No

I know where to obtain information about eating healthy? Yes No

I know where to obtain information on the number of servings I should eat? Yes No

I know eating a nutritious, well-balanced diet can keep me healthy. Yes No

Do you have comments or concerns about the program in general? Yes No

(Make comments or concerns on back of survey)

Topics you would like to receive information on: (Mark one or more subjects.)

- | | |
|---|---|
| <input type="checkbox"/> Planning meals with CSFP foods | <input type="checkbox"/> Nutritious snacks and drinks |
| <input type="checkbox"/> How to save money at the grocery store | <input type="checkbox"/> Dental health |
| <input type="checkbox"/> Foods that help build strong blood | <input type="checkbox"/> Low fat cooking |
| <input type="checkbox"/> How to reduce sugar and salt intake | <input type="checkbox"/> Cooking for one |
| <input type="checkbox"/> Foods for overweight adults | <input type="checkbox"/> Meals in minutes |
| <input type="checkbox"/> Foods for underweight adults | <input type="checkbox"/> Fruits and vegetables |
| <input type="checkbox"/> Foods that are good for me | <input type="checkbox"/> Other, indicate topics on back of survey |

Ethnicity:

- Hispanic
 Non-Hispanic

Race: Mark all that apply, data gathered for statistical purposes only.

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

Gender:

- Male
 Female

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at:

<https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:** U.S. Department of Agriculture
 Office of the Assistant Secretary for Civil Rights
 1400 Independence Avenue, SW
 Washington, D.C. 20250-9410; or
2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **email:** program.intake@usda.gov

This institution is an equal opportunity provider.