## **OUTREACH AND BENEFICIARY DATA SURVEY**

**COMMUNITY FOOD AND NUTRITION ASSISTANCE** 

The completion of this survey is voluntary. The data collected is used to improve outreach efforts and to ensure compliance with USDA nondiscrimination requirements ONLY. Your participation is voluntary and failure to report will not impact eligibility for meals. Please complete one survey per child in attendance.  Names are not needed; this is an anonymous survey.  How did you learn about the program?  Newspaper
School newspaper/letter/flyer
Program website
Other (please specify) What activities would you like to have available at the site?
Homework assistance
Physical activity
Educational activities
Other (please specify)
What (if any) barriers do you face in participating in the child nutrition program?
Ethnic and Racial Data
Ethnic Category
Hispanic or Latino
Not Hispanic or Latino
<ul><li>☐ Not Hispanic or Latino</li><li>☐ Undeclared</li></ul>
Not Hispanic or Latino Undeclared  Racial Category (may mark one or more categories)
Not Hispanic or Latino Undeclared  Racial Category (may mark one or more categories) American Indian or Alaskan Native
<ul> <li>Not Hispanic or Latino</li> <li>Undeclared</li> <li>Racial Category (may mark one or more categories)</li> <li>American Indian or Alaskan Native</li> <li>Asian</li> </ul>
<ul> <li>Not Hispanic or Latino</li> <li>Undeclared</li> <li>Racial Category (may mark one or more categories)</li> <li>American Indian or Alaskan Native</li> <li>Asian</li> <li>Black or African American</li> </ul>
<ul> <li>Not Hispanic or Latino</li> <li>Undeclared</li> <li>Racial Category (may mark one or more categories)</li> <li>American Indian or Alaskan Native</li> <li>Asian</li> </ul>

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: <a href="https://www.usda.gov/sites/default/files/documents/ad-3027.pdf">https://www.usda.gov/sites/default/files/documents/ad-3027.pdf</a>, 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: mail:

U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or fax: (833) 256-1665 or (202) 690-7442; or

email:

Program.Intake@usda.gov