

**OMB BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0524. The time to complete this information collection is estimated as part of the 5 minutes for recruitment, including time to review the instructions and completing the information.

**Attachment A: Screener for Parents/Caregivers (English Version)**

Please choose the option that best answers each question for you.

**1. Are you the parent or guardian of any children who live at home with you?**

- yes
- no

**2. How many children are there in your home for whom you are the parent or legal guardian?** \_\_\_\_\_

**3. How old are each of these children?**

- a. Child #1 \_\_\_\_\_
- b. Child #2 \_\_\_\_\_
- c. Child #3 \_\_\_\_\_
- d. Child #4 \_\_\_\_\_
- e. Child #5 \_\_\_\_\_
- f. Child #6 \_\_\_\_\_

**4. Federal Poverty Level Adjusted for Household Size (see Table 3).**

a. What is the size of your household (Including yourself) \_\_\_\_\_

b. What is your annual household income \_\_\_\_\_

*Table 4 Internal Use Only – Income Threshold for Participation*

Household Size	Maximum Annual Household Income
1	\$21,589.00
2	\$29,100.00
3	\$36,611.00
4	\$44,122.00
5	\$51,633.00
6	\$59,144.00
7	\$66,655.00
8	\$74,166.00

**5. What is your gender**

- Male
- Female

**6. What is your primary language?**

\_\_\_\_\_

**7. Ethnicity**

- Hispanic or Latino
- Not Hispanic or Latino

**8. Race (select one or more)**

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

**9. What is your country of origin?** \_\_\_\_\_

**10. Does anyone in your household work in any of the following industries?**

- Nutrition/Food Service
- Fitness
- Food manufacturing
- School Food Service
- Food/Nutrition Assistance Programs