For internal use only:

Classroom/Center: _____

Leech Lake Band of Ojibwe: Food Sovereignty Education
Getting to Know You

FY26

Date: _____

First Name: _____ Middle: _____ Last _____

City and zip code lived in: _____

Birthday: Month _____Day _____ Year _____

Gender: (√ one)
__Female
__Male
__Non-Binary
Other not listed: _____
__ I don't want to answer

Optional: If offered, I wish to receive nutritional messages from MN SNAP-Ed
By email: _____

By phone: _____

Ethnicity/Race:

Do you consider yourself Hispanic or Latino?
____Yes ____No ____I do not want to answer

Do you identify yourself as: **(√ all that apply)**
___ American Indian or Alaska Native
___ Asian
___ Black or African American
___ Native Hawaiian or Other Pacific Islander
___ White
___ I do not want to answer

Food Benefits: ___ SNAP/EBT recipients ___ Non-SNAP/EBT recipient

List of Food Allergies/Restrictions (including clan food restrictions): _____

_____

___ By choosing to initial here, I allow my child to be photographed and release/hold harmless Leech Lake Department of Agriculture, Food Sovereignty Education Program, funding partners and additional partners, to publish photographs taken of myself and/or the minor child and our names and likeness, for use in print, trainings, reporting and presentation, online and video-based marketing materials, and social marketing materials.

Privacy Notice

The information on this form is gathered for statistical purposes and to advise participants about the availability of future nutrition programs and services. The Leech Lake Band of Ojibwe will provide program participation statistics on the age, gender, race and ethnicity of participants to the USDA, Food Nutrition Services. **No information which identifies an individual participant will be disclosed for any purpose without the written consent of the person to whom the information pertains.**