Worksite Qualification Form

The Nutrition Education and Obesity Prevention Branch (NEOPB) worksite wellness activities are funded by the USDA SNAP-Ed Program, which helps to improve the health and well-being of qualified households and individuals by providing them with a means to meet their nutritional needs. As such, the USDA requires that we obtain the information below from all potential worksite partners. This information is used solely for the purpose of confirming that we are serving the intended audience.

Company name and location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How many employees do you have at this location?

Full-time: \_\_\_\_\_\_ Part-time: \_\_\_\_\_\_ Total employees: \_\_\_\_\_\_

1. How many of those employees make at or below $20.48 an hour? \_\_\_\_\_\_\_\_\_\_\_
2. What type of industry is your company? (e.g., manufacturing, hotel industry, food service, agricultural) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\* By signing this form, I confirm that I am authorized to provide and verify the information provided above**. I understand that, upon the request of the SNAP-Ed funder, we may be asked to provide supporting documentation for the above information. Any salary information requested would exclude personally identifying information about employees and would remain confidential and used solely for the purpose of confirming that the SNAP-Ed services are appropriately targeted per the USDA's funding guidelines.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Signature\*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title Date

**Thank you for your participation!**

|  |  |
| --- | --- |
| % of employees making at or below $20.48 anhour |  |
| Does this site have the minimum# of employees needed to qualify? |  |

We would like to learn more about people who come to our events. This will help us serve you better in the future. You do not have to take part in the survey. We will not ask for any personal contact information. We will not share your individual answers with anyone.

**Thank you for your assistance!**

1. **What is your age range?**

[ ]  18-59 years old [ ]  60 years or more

1. **Which one of the following groups best describes you? (check all that apply)**

[ ]  African American or Black

[ ]  Asian (Filipino)

[ ]  Hawaiian Native or Pacific Islander

[ ]  Hispanic or Latino

[ ]  Native American or Alaska Native

[ ]  White

[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **What language do you speak most often in your home?**

[ ]  Spanish [ ]  English [ ]  Both Spanish and English

[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **How many people are in your household (including you)?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **What is the annual income for your household?**

[ ]  $25,000 or less

[ ]  $25,001 to $33,000

[ ]  $33,001 to $42,000

[ ]  $42,001 to $51,000

[ ]  $51,001 to $60,000

[ ]  $60,001 to $68,000

[ ]  $68,001 to $77,000

[ ]  $77,001 to $86,000

[ ]  $86,001 to $94,000

[ ]  $94,001 or higher

[ ]  Don’t know

1. **Does anyone in your household take part in the following programs (check all that apply):**

[ ]  CalFresh (also called Food Stamps, SNAP, or EBT)

[ ]  CalWorks

[ ]  Head Start

[ ]  California Food Assistance Program (CFAP)

[ ]  Free School Meal Program

[ ]  Reduced Price School Meal Program

[ ]  Summer Food Program

[ ]  Women, Infants, & Children (WIC)