

Food Pantry Client Intake Form

1. PERSONAL INFORMATION (Head of Household):

Last Name: _____ First Name: _____

Date of Birth: _____

Gender Identity: Female Male Transgender Don't Know Prefer Not to Answer

Marital Status: Single Married Common-Law Divorced Separated Widowed Don't Know
 Prefer Not to Answer

Consent Signature: *By signing below, you consent to have this information entered into our online database. The collected information helps your food pantry and Regional Food Bank share accurate information for a clearer understanding of hunger in our community. We respect your privacy and will not share your personal, individual information with anyone outside of this partner network.*

Signature: _____ Date: _____

Address: _____ Apt #: _____

City: _____ Zip: _____ County: _____

Housing Type: Own Home Private Rental Emergency Shelter/Mission/Transitional Evacuee
 Public/Social Housing With Family/Friends Youth Home/Shelter Unhoused (homeless)
 Other Don't Know Prefer Not to Answer

Phone Number: _____

Email Address: _____

Were you referred to our agency by any of the following?

- Client/Friend/Family Emergency Shelter Employment Support or Education Health Care
 Housing Support Media/News/Outreach Mental Health Support or Education Social Worker
 School Program (for children) Other (please specify): _____ No Referral
 Don't Know Prefer Not to Answer

Race or Ethnicity: White/Anglo Hispanic/Latino Black/African American Asian Pacific Islander
 American Indian/Native American Middle Eastern/North African Alaska Native/Aleut/Eskimo
 Other Don't Know Prefer Not to Answer

Military Status: Active Military Military Reservist Veteran Disabled Veteran None Don't Know
 Prefer Not to Answer

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PERSONAL INFORMATION (Additional Members of Household):

Please fill in the chart to list each additional resident in the household address above.

| First Name: | Last Name: | Date of Birth: <i>(format: xx/xx/xxxx)</i> | Gender Identity: | Race or Ethnicity: | Military Status: | Relationship* to Head of Household: |
|-------------|------------|---|------------------|--------------------|------------------|-------------------------------------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |

***Relationship Options:** Boyfriend/Girlfriend, Child, Common-Law Partner, Friend, Grandchild, Grandparent, Parent, Roommate, Spouse, Sibling, Ward, Other Relative, Other, Don't Know. Use the back of this application for more household members, if any.

2. PROFILE

Head of Household Education Level: Grade 0-8 Grade 9-11 GED High School Diploma
 Some Post-Secondary Trade School/Professional Accreditation 2 Year Degree 4 Year Degree
 Master's Degree PhD Don't Know Prefer Not to Answer

Head of Household Employment Type: Full-Time Part-Time Post-Secondary Student Retired
 Unemployed Self-Employed Working Multiple Jobs Unable to Work Due to Disability
 Other None Don't Know Prefer Not to Answer

3. MONTHLY INCOME

Please list the Monthly Gross (Pre-Tax) Income for the entire household: \$ _____

Please check the benefit programs the household is enrolled in, if any: FDIR (Tribal Benefits) TANF
 Medicaid/Soonercare Medicare SNAP/Food Stamps WIC Veteran Benefits Don't Know
 Prefer Not to Answer

4. DIETARY CONSIDERATIONS

Please list any special dietary needs in your household, if any: Dairy Allergy Diabetic Egg Allergy
 Gluten Allergy Halal Kosher Low Sodium Peanut Allergy Shellfish Allergy Soy Allergy
 Tree Nut Allergy Vegan Vegetarian Wheat Allergy Renal Don't Know Prefer Not to Answer