

# Food Pantry Neighbor 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

**Please continue to next page**

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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: <small>(format: xx/xx/xxxx)</small>	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