

Food Pantry Neighbor Intake Form

Last Name: _____ **First Name:** _____

Date of Birth: _____

Gender Identity: Female Male Transgender Prefer Not to Answer

Marital Status: Single Married Common-Law Divorced Separated Widowed

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

Phone Number: _____ Mobile Home Work

Email Address: _____

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

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:	Relationship* to Head of Household:
1.					
2.					
3.					
4.					
5.					
6.					

***Relationship Options:** Boyfriend/Girlfriend, Child, Common-Law Partner, Friend, Grandchild, Grandparent, Other Relative, Parent, Roommate, Sibling, Spouse, Ward, Other, Prefer Not to Answer.

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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 Prefer Not to Answer

Head of Household Employment Type: Full-Time Part-Time Post-Secondary Student Retired
 Unemployed Self-Employed Working Multiple Jobs Seasonal
 Unable to Work Due to Disability Other Prefer Not to Answer

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

Does your household receive SNAP: Yes No Don't Know Prefer Not to Answer
 (formerly known as food stamps)

Please check the additional benefit programs the household is enrolled in, if any:
 FDIR (Tribal Benefits) TANF Medicaid/Soonercare Medicare WIC Veteran Benefits
 Supplemental Security Income (SSI) None Prefer Not to Answer

Please list any special dietary needs in your household, if any:

Avoids:	<input type="checkbox"/> Avoids Eggs <input type="checkbox"/> Avoids Gluten/Wheat <input type="checkbox"/> Avoids Milk <input type="checkbox"/> Avoids Peanuts <input type="checkbox"/> Avoids Pork <input type="checkbox"/> Avoids Shellfish/Seafood <input type="checkbox"/> Avoids Soy <input type="checkbox"/> Avoids Tree Nuts
Dietary Concerns:	<input type="checkbox"/> Diabetic <input type="checkbox"/> Renal <input type="checkbox"/> Low Sodium <input type="checkbox"/> Soft Diet / Dental Concerns <input type="checkbox"/> Vegan <input type="checkbox"/> Vegetarian <input type="checkbox"/> Pescatarian
Religious Observance:	<input type="checkbox"/> Halal <input type="checkbox"/> Kosher
Barriers:	<input type="checkbox"/> No or Limited Cooking Equipment <input type="checkbox"/> No Refrigeration <input type="checkbox"/> Homebound
Other:	<input type="checkbox"/> None <input type="checkbox"/> Prefer Not to Answer

TEFAP Proxy: (Person(s) designated to sign for and receive food on your behalf)

- 1) Name and Phone Number: _____
- 2) Name and Phone Number: _____
- 3) Name and Phone Number: _____