

Food Pantry Intake Form

First Name: _____ Last Name: _____

Date of Birth: _____ or Age: _____

Contact Information:

Address: _____ Apt# _____

City: _____ Zip: _____ County: _____

Email Address: _____ Okay to contact

Phone #: _____ Ok to contact No phone

What method of communication do you prefer? Text Call Email

What gender do you identify as?

Female Male Transgender None of these Prefer not to answer

What is your race or ethnicity? (select all that apply):

White Hispanic, Latino, or Spanish Black or African American Asian
 American Indian or Alaska Native Middle Eastern or North African
 Native Hawaiian or Other Pacific Islander Some other race or ethnicity

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

First Name:	Last Name:	Date of Birth or Age:	Gender:	Race or Ethnicity:
1.				
2.				
3.				
4.				
5.				
6.				

Is anyone in your household currently receiving SNAP? (formerly known as food stamps)

Yes No

Please check the additional benefit programs the household is enrolled in, if any:

Commodity Supplemental Food Program (CSFP) FDPIR (Tribal Benefits)
 Free/Reduced Price School Meals Housing Subsidies Medicaid/Sooner Care Medicare
 Social Security Disability (SSDI) Supplemental Security Income (SSI) TANF
 Unemployment Veteran's Assistance WIC Worker's Compensation
 None Prefer Not to Answer

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Did you or anyone in your home, work full-time (30 hours or more per week), in the last month?

- Yes, working 30 or more hours No, not working 30 hours Don't know

Is there anyone in your household who cannot work because of disability?

- Yes, have disability No, no disability

Which category represents the total monthly income for your household?

- \$0 (zero) Less than \$500 \$500 - \$999 \$1,000 - \$1,999 \$2,000 - \$2,999
 \$3,000 - \$3,999 \$4,000 or more Don't know

Have you, or anyone who lives with you, served in the U.S. military?

- Yes, on active duty in the past, but not now Yes, now on active duty
 No, never on active duty except for basic training No, never served in U.S. military

Does anyone in your household have any of these dietary restrictions? (Select all that apply.)

- Difficulty Chewing or Swallowing Difficulty Cutting Foods Shellfish Food Allergen
 Dairy Food Allergen Peanut Food Allergen Soybean Food Allergen Gluten-free Halal
 Kosher Low-sugar Low Sodium Low Fat Microwave / Limited Cooking Only Vegan
 Vegetarian Other No restrictions

Proxy:

Please list out the 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: _____

How true is this statement for your household? In the past 30 days, we were worried that our food could run out before we had money to buy more.

- Often true Sometimes true Never true Don't know /Prefer not to answer

How true is this statement for your household? In the past 30 days, the food we bought did not last, and we did not have money to buy more.

- Often true Sometimes true Never true Don't know /Prefer not to answer

Data Sharing with Third Parties Acknowledgement:

To improve our programs and connect you with additional services, we may need to share your personal information with third parties, such as healthcare providers, social service providers, and our other partners.

We will not deny you services based on your answer.

- I agree to share my personal information with third parties.
 I do not agree to share my personal information with third parties.

For office use only:

Today's Date: _____ Alt. ID#: _____ Primary Service: __Pantry__ Appointment __Mobile__ Home Delivery __Disaster