



FOR STAFF USE ONLY:

QR Code #: \_\_\_\_\_

## FOOD PANTRY INTAKE FORM

*By providing your basic information to us, you help us to tailor our services to community needs as best as we can. Anyone accessing your information will only do so to log services provided or update your profile. Your pantry and the Food Bank can run reports to look for trends and learn more about the community, but the reports will not identify any specific, individually identifiable information.*

### **BASIC INFORMATION:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ OR Age \_\_\_\_\_

### **CONTACT INFORMATION:**

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Email Address \_\_\_\_\_ OK to contact via email

Phone Number \_\_\_\_\_ OK to contact via phone

Preferred Method of Communication Text  Call  Email

### **GENDER IDENTITY:**

Male  Female  Transgender  Non-Binary

Gender non-conforming  None of these  Don't Know / Prefer not to answer

### **RACE/ETHNICITY:**

White  Hispanic, Latino, or Spanish  Black or African American

Asian  American Indian or Alaska Native  Middle Eastern or North African

Native Hawaiian or Pacific Islander  Some other race or ethnicity

Don't Know / Prefer not to answer

**HOUSEHOLD MEMBERS:**

Please list any additional individuals in your household (**not including yourself**) who will benefit from the services provided today:

First	Last	Date of Birth	Age	Gender	Race/Ethnicity

**VETERANS:**

How many people in your household, including yourself, are U.S. military veterans?

\_\_\_\_\_

**PROXY:**

Is there anyone outside of your household authorized to pick up for you?  Yes  No

Full Name \_\_\_\_\_

**PREFERRED LANGUAGE:**

- English  Bosnian  French  Haitian Creole  
 Spanish  Other: \_\_\_\_\_

**SNAP BENEFITS:**

Is anyone in your household currently receiving SNAP or food stamps?

- Yes  No  Don't Know / Prefer not to answer

**OTHER GOVERNMENT PROGRAMS:**

Does anyone in your household currently receive any of the following household Benefits?

- Child Care Assistance  Children's Health Insurance Program (CHIP)  Free or Reduced Lunches  
 Headstart  Rent Assistance  Low Income Home Energy Assistance Program (LIHEAP)  
 Medicaid  Medicare  Social Security  
 SSDI  SSI  TANF, FIP, or cash assistance  
 Unemployment  Veteran's Assistance  Women, Infants, and Children (WIC)  
 Kids Café or CACFP  None  Don't Know / Prefer not to answer

**EMPLOYMENT STATUS:**

In the last month, did you or anyone in your household work for pay full-time (30 hours per week or more)?

- Yes       No       Don't Know / Prefer not to answer

**DISABILITY STATUS:**

Does anybody in your household, including yourself, have a disability that prevents them from accepting any kind of work during the next 6 months?

- Yes       No       Don't Know / Prefer not to answer

**HOUSEHOLD MONTHLY INCOME:**

Which category represents the total income of all members of your household in a typical month?

- Zero       Less than \$500       \$500-\$999       \$1000-\$1999  
 \$2000- \$2999       \$3000-\$3999       \$4000 or more       Don't Know /  
Prefer not to answer

**LIVING SITUATION:**

What is your living situation today?

- I have a steady place to live       I have a place to live today, but I am worried about losing it in the future  
 I do not have a steady place to live       Don't Know/Prefer not to answer

**DIETARY FACTORS:**

- Difficulty Chewing or Swallowing       Difficulty Cutting Foods       Food Allergies (please list): \_\_\_\_\_  
 Gluten Free       Halal       Kosher  
 Low Fat       Low Sodium       Low Sugar  
 Microwave / Limited Cooking Only       Vegan       Vegetarian  
 Other (Please describe): \_\_\_\_\_       No restrictions       Don't know/Prefer not to answer