



Link2Feed Intake Form (required fields marked with ®)

General Information

Date of First Food Bank Visit _____				
® Last name: _____ ® First name & middle initial: _____				
® Date of Birth: ____/____/____ Estimated? <input type="checkbox"/> Y <input type="checkbox"/> N				
® Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgendered <input style="background-color: yellow;" type="checkbox"/> Undisclosed				
® Marital status: <input type="checkbox"/> None <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Common-Law <input type="checkbox"/> Separated <input style="background-color: yellow;" type="checkbox"/> Undisclosed				
® Address: _____ Address (Line 2): _____ ® County: _____ ® City: _____ ® State: _____ ® Zip code: _____ <input type="checkbox"/> No fixed address				
® Housing Type: <input type="checkbox"/> Emergency Shelter/ Mission/Transitional <input type="checkbox"/> Evacuee <input type="checkbox"/> Own Home		<input type="checkbox"/> Private Rental <input type="checkbox"/> Public (Social) Housing <input type="checkbox"/> With Family/Friends <input type="checkbox"/> Youth Home/Shelter		<input type="checkbox"/> Other <input type="checkbox"/> Unhoused <input style="background-color: yellow;" type="checkbox"/> Undisclosed
Email Address(es): _____				
Phone Number(s): _____				
Is English your primary language? <input type="checkbox"/> Y <input type="checkbox"/> N If no, primary language: _____				
® Ethnicity: <input type="checkbox"/> White and/or Anglo <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> Black and/or African American <input type="checkbox"/> Alaska Native, Aleut or Eskimo <input style="background-color: yellow;" type="checkbox"/> Undisclosed <input type="checkbox"/> Hispanic and/or Latino <input type="checkbox"/> Middle-Eastern and/or North African <input type="checkbox"/> American Indian and/or Native American <input type="checkbox"/> Pacific Islander				
® Self-Identifies As: <input type="checkbox"/> Disability <input type="checkbox"/> Refugee <input type="checkbox"/> Pregnant <input type="checkbox"/> N/A <input type="checkbox"/> New Immigrant <input type="checkbox"/> Evacuee <input type="checkbox"/> Postpartum <input style="background-color: yellow;" type="checkbox"/> Undisclosed <input type="checkbox"/> Veteran <input type="checkbox"/> Mental Illness <input type="checkbox"/> Breastfeeding				
® Names, birthdates, gender, relationship, and income (if any) of everyone else in household				
<u>Name</u>	<u>Birthday</u>	<u>Gender</u>	<u>Relationship</u>	<u>Income</u>

Link2Feed General Intake Form (continued)

Profile Information

® Education:

- | | | |
|--|--|--|
| <input type="checkbox"/> Grades 0-8 | <input type="checkbox"/> Post-Secondary (Some) | <input type="checkbox"/> Master's Degree |
| <input type="checkbox"/> Grades 9-11 | <input type="checkbox"/> Trade School / Professional Accreditation | <input type="checkbox"/> PhD |
| <input type="checkbox"/> High School Diploma | <input type="checkbox"/> 2 Year Degree | |
| <input type="checkbox"/> GED | <input type="checkbox"/> 4 Year Degree | <input type="checkbox"/> Undisclosed |

® Current Employment Type:

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Post-Secondary Student | <input type="checkbox"/> Undisclosed |
| <input type="checkbox"/> Military | <input type="checkbox"/> Full-Time | <input type="checkbox"/> Other |
| <input type="checkbox"/> Multiple Jobs | <input type="checkbox"/> Part-Time | <input type="checkbox"/> Retired |

Monthly Income and Benefits for Head of Household

® Income Sources (Check all that apply and provide amount for Head of Household):

- | | | | |
|---|--------------------|--|--------------------|
| <input type="checkbox"/> No Income | | | |
| <input type="checkbox"/> Full-Time Employment | \$ _____ per month | <input type="checkbox"/> Retirement | \$ _____ per month |
| <input type="checkbox"/> Part-Time Employment | \$ _____ per month | <input type="checkbox"/> Social Security | \$ _____ per month |
| <input type="checkbox"/> Other Income | \$ _____ per month | <input type="checkbox"/> SSI/SSDI | \$ _____ per month |

TOTAL HOUSEHOLD MONTHLY INCOME \$ _____

® Other benefits received by Head of Household:

- | | | |
|---|---|---|
| <input type="checkbox"/> Aid to Families with Dependent Children (AFDC) | <input type="checkbox"/> Free/Reduced Lunch | <input type="checkbox"/> Section 8 Rental Assistance Program |
| <input type="checkbox"/> Aid to the Blind or Disabled | <input type="checkbox"/> Headstart | <input type="checkbox"/> Service Connected Disability |
| <input type="checkbox"/> Children's Health Insurance Program (CHIP) | <input type="checkbox"/> Low-Income Home Energy Assistance Program (LIHEAP) | <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) |
| <input type="checkbox"/> Commodity Supplemental Food Program (CSFP) | <input type="checkbox"/> Medicaid | <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) |
| | <input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants and Children (WIC) | |

Dietary Considerations For Entire Household

- | | | | |
|-----------------------------------|-------------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Cardiac | <input type="checkbox"/> Kosher | <input type="checkbox"/> Pork | <input type="checkbox"/> Vegan |
| <input type="checkbox"/> Diabetic | <input type="checkbox"/> Low-Sodium | <input type="checkbox"/> Seafood | <input type="checkbox"/> Vegetarian |
| <input type="checkbox"/> Egg | <input type="checkbox"/> Milk | <input type="checkbox"/> Sesame | <input type="checkbox"/> Wheat |
| <input type="checkbox"/> Fruit | <input type="checkbox"/> MSG | <input type="checkbox"/> Soy | |
| <input type="checkbox"/> Gluten | <input type="checkbox"/> Peanut | <input type="checkbox"/> Sulphite | |
| <input type="checkbox"/> Halal | | <input type="checkbox"/> Tree Nuts | <input type="checkbox"/> Other |

® Names, birthdates, gender, relationship, and income (if any) of everyone else in household

Name	Birthday	Gender	Relationship	Income