



Link2Feed General Intake Form

General Information
<p>* Last name: _____ * First name: _____</p> <p>* Date of Birth: ____/____/____ Estimated? <input type="checkbox"/> Y <input type="checkbox"/> N</p>
<p>* Gender:</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgendered <input type="checkbox"/> Undisclosed <input type="checkbox"/> Other</p>
<p>* Marital status:</p> <p><input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-Law <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Undisclosed</p>
<p>* Address:</p> <p>Street: _____ Street (Line 2): _____</p> <p>* City: _____ * State: _____ * Zip code: _____</p> <p>* County: _____</p> <p><input type="checkbox"/> No fixed address/undisclosed</p>
<p>* Housing Type:</p> <p><input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Private Rental <input type="checkbox"/> Unhoused</p> <p><input type="checkbox"/> Emergency Shelter/ Mission/Transitional <input type="checkbox"/> Public/Subsidized (Social) Housing <input type="checkbox"/> Other</p> <p><input type="checkbox"/> Evacuee <input type="checkbox"/> With Family/Friends</p> <p><input type="checkbox"/> Own Home <input type="checkbox"/> Youth Home/Shelter</p> <p><input type="checkbox"/> Undisclosed</p>
<p>Email Address(es): _____</p> <p>Phone Number(s): _____</p>
<p>Is English your primary language? <input type="checkbox"/> Y <input type="checkbox"/> N If no, primary language: _____</p>
<p>Please write the name(s) and phone number(s) of anyone authorized to pick up food for you below:</p>

