



Blue Ridge Area
FOOD BANK
Everyone should have enough to eat.

A member of
FEEDING AMERICA

Link2Feed General Intake Form

General Information	
Date of First Food Bank Visit, if known: _____	
* Last Name: _____	* First Name: _____ *Middle Initial: _____
* Date of Birth: ____/____/____	Is DOB Estimated? <input type="checkbox"/> Y <input type="checkbox"/> N
* Address: Street: _____	
Street (Line 2): _____	
* City: _____	* State: _____ * Zip Code: _____
* County: _____	
<input type="checkbox"/> No fixed address	
* Housing Type: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> With Family/Friends <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Unhoused	
<input type="checkbox"/> Undisclosed <input type="checkbox"/> Public Housing <input type="checkbox"/> Evacuee <input type="checkbox"/> Youth Home/Shelter <input type="checkbox"/> Other	
Household Monthly Income and Benefits	
* Income – Provide monthly income amount for ENTIRE HOUSEHOLD:	
<input type="checkbox"/> No Income	
TOTAL MONTHLY INCOME \$_____	
* Does anyone from the household current receive SNAP (Food Stamps)?	
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know <input type="checkbox"/> Prefer not to Answer <input type="checkbox"/> Didn't Ask	
* Qualifier – Does EVERYONE in your household receive any of the following assistance?	
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) – “Food Stamps”	<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)
<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> Medicaid
This section to be filled out by pantry volunteer/staff	
<input type="checkbox"/> Check if eligible for TEFAP	
Signed by applicant or Proxy **USDA is an equal opportunity provider, employer, and lender**	
Sign: <u>signatures are currently waived by USDA due to COVID</u> Date: _____	
* Gender Identity:	
<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> None of these <input type="checkbox"/> Prefer Not to Answer <input type="checkbox"/> Didn't Ask	
* Marital status: <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"/> Prefer Not to Answer <input type="checkbox"/> Don't Know <input type="checkbox"/> Didn't Ask	

Email Address(es): _____
 Phone Number(s): _____

Is English your primary language? Y N If no, primary language: _____

*** Referred By:**
 Word of Mouth Church or nonprofit Social Services Online School Healthcare Provider
 None

*** Ethnicity:**

<input type="checkbox"/> white / Anglo	<input type="checkbox"/> Asian	<input type="checkbox"/> N/A
<input type="checkbox"/> Black / African American	<input type="checkbox"/> Alaska Native / Aleut / Eskimo	<input type="checkbox"/> Other
<input type="checkbox"/> Hispanic / Latino	<input type="checkbox"/> Middle Eastern / North African	<input type="checkbox"/> Undisclosed
<input type="checkbox"/> American Indian / Native American	<input type="checkbox"/> Pacific Islander	

*** Self-Identifies As:**
 Disability Veteran None Other Don't Know Prefer Not to Answer Didn't Ask

Other Household Members

First Name: _____ Last Name: _____ Middle initial: _____

DOB: _____ Gender: _____ Relationship: _____ Race/ethnicity: same as head of household or _____

First Name: _____ Last Name: _____ Middle initial: _____

DOB: _____ Gender: _____ Relationship: _____ Race/ethnicity: same as head of household or _____

First Name: _____ Last Name: _____ Middle initial: _____

DOB: _____ Gender: _____ Relationship: _____ Race/ethnicity: same as head of household or _____

First Name: _____ Last Name: _____ Middle initial: _____

DOB: _____ Gender: _____ Relationship: _____ Race/ethnicity: same as head of household or _____

First Name: _____ Last Name: _____ Middle initial: _____

DOB: _____ Gender: _____ Relationship: _____ Race/ethnicity: same as head of household or _____

First Name: _____ Last Name: _____ Middle initial: _____

DOB: _____ Gender: _____ Relationship: _____ Race/ethnicity: same as head of household or _____