Link2Feed General Intake Form

General Information

* Date of **First Visit** to Food Bank, if known: _____

* **Last Name**: _____ * **First Name**: _____ Middle Initial: _____

* **Date of Birth**: _____ /_____/_____ Is DOB Estimated? □ Yes □ No

* **Gender Identity:**
□ Female □ Male □ non-Binary □ None of these □ Transgender □ Didn't Ask □ Prefer Not to Answer

* **Marital status:** □ Common-Law □ Divorced □ Married □ Separated □ Single □ Widowed □ Didn't Ask
□ Don't Know □ Prefer Not to Answer

* **Address**: **Street:** _____

Street (Line 2): _____

* **City**: _____ **County**: _____
***State**: _____ * **Zip Code**: _____
□ No fixed address □ Prefer Not to Answer

* **Housing Type:** □ Own Home □ Private Rental □ Unhoused/shelter/transitional housing/hotel
□ With Family/Friends □ Didn't Ask □ Don't Know □ Prefer Not to Answer

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

Is English your primary language? □ Yes □ No - If no, primary language: _____

* **Referred By:** □ Word of Mouth □ Church or nonprofit □ Online □ Social Services □ Didn't Ask □ Don't know
□ Other □ Prefer Not to Answer

* **Ethnicity:** □ Alaska Native / Aleut □ American Indian / Native American □ Asian □ Black / African American
□ Hispanic / Latino □ Middle Eastern / North African □ Pacific Islander □ White/Anglo □ Didn't Ask
□ Don't Know □ Prefer Not to Answer

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

| Please complete other side

Household Social Programs and Monthly Income
*** Does anyone from the household currently receive SNAP (Food Stamps)?** □ No □ Yes □ Didn't Ask □ Don't Know □ Prefer not to Answer
*** Other Household Benefits – Does anyone from your household receive any of the following?** □ (FDPIR) Food Distribution Program on Indian Reservation □ Free/Reduced Lunch □ (LIS) Low-Income Subsidy □ Medicaid □ (MSP) Medicare Savings Programs □ (SSI) Supplemental Security Income □ (TANF) Temporary Assistance for Needy Families □ (WIC) □ Other Benefits □ Didn't Ask □ Don't Know □ No Benefits □ Prefer Not to Answer
*** Monthly Household Income – Provide income amount for ENTIRE HOUSEHOLD** TOTAL MONTHLY INCOME $______________________
Signed by applicant or Proxy **USDA is an equal opportunity provider, employer, and lender** Signature: signatures are currently waived by USDA due to COVID Date: __________________________
This section to be filled out by pantry volunteer/staff: □ Check if eligible for TEFAP

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 ________________________