



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 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	

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: <u>signatures are currently waived by USDA due to COVID</u> Date: _____
This section to be filled out by pantry volunteer/staff: ☐ Check if eligible for TEFAP

Other Household Members

First Name: _____ Last Name: _____ DOB: _____

Gender: _____ Relationship: _____ Ethnicity: _____ ☐ Disability ☐ Veteran ☐ none

First Name: _____ Last Name: _____ DOB: _____

Gender: _____ Relationship: _____ Ethnicity: _____ ☐ Disability ☐ Veteran ☐ none

First Name: _____ Last Name: _____ DOB: _____

Gender: _____ Relationship: _____ Ethnicity: _____ ☐ Disability ☐ Veteran ☐ none

First Name: _____ Last Name: _____ DOB: _____

Gender: _____ Relationship: _____ Ethnicity: _____ ☐ Disability ☐ Veteran ☐ none

First Name: _____ Last Name: _____ DOB: _____

Gender: _____ Relationship: _____ Ethnicity: _____ ☐ Disability ☐ Veteran ☐ none

First Name: _____ Last Name: _____ DOB: _____

Gender: _____ Relationship: _____ Ethnicity: _____ ☐ Disability ☐ Veteran ☐ none

First Name: _____ Last Name: _____ DOB: _____

Gender: _____ Relationship: _____ Ethnicity: _____ ☐ Disability ☐ Veteran ☐ none