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? □ Y □ N

*** Address:** Street: _____

Street (Line 2): _____

* City: _____ *State: _____* Zip Code: _____

* County: _____

□ No fixed address

*** Housing Type:** □ Rent □ Own □ With Family/Friends □ Emergency Shelter □ Hotel/Motel □ Unhoused □ Undisclosed □ Public Housing □ Evacuee □ Youth Home/Shelter □ Other

Household Monthly Income and Benefits

*** Income – Provide monthly income amount for ENTIRE HOUSEHOLD:**

□ No Income

TOTAL MONTHLY INCOME $_____

***Qualifier – Does EVERYONE in your household receive any of the following assistance?**

□ Supplemental Nutrition Assistance Program (SNAP) – "**Food Stamps**"

□ Temporary Assistance for Needy Families (TANF)

□ Supplemental Security Income (SSI)

□ Medicaid

This section to be filled out by pantry volunteer/staff

□ Check if eligible for TEFAP

Signed by applicant or Proxy **USDA is an equal opportunity provider, employer, and lender**

Sign: signatures are currently waived by USDA due to COVID Date: _____

*** Gender:**

□ Female □ Male □ Undisclosed □ Other

*** Marital status:**

□ Single □ Married □ Common-Law □ Divorced □ Separated □ Widowed □ Undisclosed

| Please complete other side

Email Address(es): ____

Phone Number(s): ____

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

*** Ethnicity:**

☐ White / Anglo ☐ Asian ☐ N/A
☐ Black / African American ☐ Alaska Native / Aleut / Eskimo ☐ Other
☐ Hispanic / Latino ☐ Middle Eastern / North African ☐ Undisclosed
☐ American Indian / Native American ☐ Pacific Islander

*** Self-Identifies As:**

☐ Disability ☐ Veteran ☐ None ☐ Undisclosed

***Referred By:**

☐ Word of Mouth ☐ Church ☐ Social Services ☐ Online ☐ School ☐ Undisclosed

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:_____

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First Name:________________ Last Name:__________________________ Middle initial:_____

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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 ______________________