

# Link2Feed General Intake Form

## General Information

Date of First Food Bank Visit, if known: \_\_\_\_\_

\* Last name: \_\_\_\_\_ \* First name: \_\_\_\_\_

\* Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Estimated?  Y  N

**\* Gender:**

Female  Male  Transgendered  Undisclosed  Other

**\* Marital status:**

Single  Married  Common-Law  Divorced  Separated  Widowed  Undisclosed

**\* Address:**

Street: \_\_\_\_\_ Street (Line 2): \_\_\_\_\_

\* City: \_\_\_\_\_ \* State: \_\_\_\_\_ \* Zip code: \_\_\_\_\_

\* County: \_\_\_\_\_

No fixed address \_\_\_\_\_

**\* Housing Type:**

Hotel/Motel  Private Rental  Unhoused  
 Emergency Shelter/  
Mission/Transitional  Public/Subsidized (Social) Housing  Other  
 Evacuee  With Family/Friends  
 Own Home  Youth Home/Shelter  Undisclosed

Email Address(es): \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

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

**\* Referred By:**

Ad  School  Word of Mouth  
 Church or nonprofit organization  Social Services  
 None (for existing clients)  Undisclosed  
 Online  Unknown

**\* 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

## Link2Feed General Intake Form (continued)

### Profile Information

**\* Education:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Grades 0-8          | <input type="checkbox"/> Post-Secondary (Some)                     | <input type="checkbox"/> Master's Degree |
| <input type="checkbox"/> Grades 9-11         | <input type="checkbox"/> Trade School / Professional Accreditation | <input type="checkbox"/> PhD             |
| <input type="checkbox"/> High School Diploma | <input type="checkbox"/> 2 Year Degree                             | <input type="checkbox"/> Undisclosed     |
| <input type="checkbox"/> GED                 | <input type="checkbox"/> 4 Year Degree                             |  |

**\* Current Employment Type:**

- |  |  |                                      |                                  |
|--|--|--------------------------------------|----------------------------------|
| <input type="checkbox"/> Day Laborer   | <input type="checkbox"/> Seasonal Worker           | <input type="checkbox"/> Full-Time   | <input type="checkbox"/> Other   |
| <input type="checkbox"/> Disability    | <input type="checkbox"/> Unemployed                | <input type="checkbox"/> Part-Time   | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Military      | <input type="checkbox"/> Unemployed – seeking work | <input type="checkbox"/> None        |                                  |
| <input type="checkbox"/> Multiple Jobs | <input type="checkbox"/> Post-Secondary Student    | <input type="checkbox"/> Undisclosed |                                  |

### Monthly Income and Benefits for Individual on First Page – NOT ENTIRE HOUSEHOLD

**\* Income Sources (Check all that apply and provide amount for Head of Household):**

- |   |                                      |  |                    |
|---|--------------------------------------|--|--------------------|
| <input type="checkbox"/> No Income            | <input type="checkbox"/> Undisclosed |  |                    |
| <input type="checkbox"/> Child Support        | \$ _____ per month                   | <input type="checkbox"/> Retirement      | \$ _____ per month |
| <input type="checkbox"/> Full-Time Employment | \$ _____ per month                   | <input type="checkbox"/> Social Security | \$ _____ per month |
| <input type="checkbox"/> Disability           | \$ _____ per month                   | <input type="checkbox"/> SSI/SSDI        | \$ _____ per month |
| <input type="checkbox"/> Other Income         | \$ _____ per month                   | <input type="checkbox"/> Retirement      | \$ _____ per month |
| <input type="checkbox"/> Part-Time Employment | \$ _____ per month                   |  |                    |

TOTAL MONTHLY INCOME \$ \_\_\_\_\_

**\*Other benefits received by Head of Household:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Aid to Families with Dependent Children (AFDC) | <input type="checkbox"/> Headstart  | <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) – “Food Stamps”             |
| <input type="checkbox"/> Aid to the Blind or Disabled                   | <input type="checkbox"/> Low-Income Home Energy Assistance Program (LIHEAP) | <input type="checkbox"/> Supplemental Security Income (SSI)   |
| <input type="checkbox"/> Children’s Health Insurance Program (CHIP)     | <input type="checkbox"/> Medicaid   | <input type="checkbox"/> Temporary Assistance for Needy Families (TANF)                               |
| <input type="checkbox"/> Commodity Supplemental Food Program (CSFP)     | <input type="checkbox"/> Section 8 Rental Assistance Program                | <input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants and Children (WIC) |
| <input type="checkbox"/> Free/Reduced Lunch                             | <input type="checkbox"/> Service Connected Disability                       |   |

### Does anyone in household have these dietary considerations (health issues/food allergies)?

- |                                   |                                     |                                    |                                     |
|-----------------------------------|-------------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Cardiac  | <input type="checkbox"/> Kosher     | <input type="checkbox"/> Pork      | <input type="checkbox"/> Vegan      |
| <input type="checkbox"/> Diabetic | <input type="checkbox"/> Low-Sodium | <input type="checkbox"/> Seafood   | <input type="checkbox"/> Vegetarian |
| <input type="checkbox"/> Egg      | <input type="checkbox"/> Milk       | <input type="checkbox"/> Sesame    | <input type="checkbox"/> Wheat      |
| <input type="checkbox"/> Fruit    | <input type="checkbox"/> MSG        | <input type="checkbox"/> Soy       |                                     |
| <input type="checkbox"/> Gluten   | <input type="checkbox"/> Other      | <input type="checkbox"/> Sulphite  |                                     |
| <input type="checkbox"/> Halal    | <input type="checkbox"/> Peanut     | <input type="checkbox"/> Tree Nuts |                                     |

# Link2Feed General Intake Form (Supplemental Sheet for Household Member Information)

Name of Person on First Page of Application: \_\_\_\_\_

Fill out one section of this form for each Additional Member of the Household

\*Last name: \_\_\_\_\_ \* First name: \_\_\_\_\_

\*Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Estimated?  Y  N

\* Gender:  Female  Male  Transgendered  Undisclosed  Other

\*Relationship  Spouse  Child  Parent  Sibling  Grandchild  Grandparent  Other Relative  Boyfriend/Girlfriend  
 Common-Law Partner  Friend  Roommate  Undisclosed  Ward  Other

\* Ethnicity:  White / Anglo  American Indian / Native American  Middle-Eastern / North African  
 Black /African American  Asian  Other  
 Hispanic / Latino  Alaska Native / Aleut / Eskimo  Undisclosed

\* Self-Identifies As:  Disability  Veteran  None

\* Income Sources for member of household (Check all that apply and provide amount):  No Income  Undisclosed

Child Support \$\_\_\_\_\_per month  Retirement \$\_\_\_\_\_per month

Full-Time Employment \$\_\_\_\_\_per month  Social Security \$\_\_\_\_\_per month

Disability \$\_\_\_\_\_per month  SSI/SSDI \$\_\_\_\_\_per month

Other Income \$\_\_\_\_\_per month  Retirement \$\_\_\_\_\_per month

Part-Time Employment \$\_\_\_\_\_per month

TOTAL MONTHLY INCOME FOR HOUSEHOLD MEMBER \$\_\_\_\_\_

\*Other benefits received by member of household:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Aid to Families with Dependent Children (AFDC) | <input type="checkbox"/> Free/Reduced Lunch                                 | <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) – “Food Stamps”             |
| <input type="checkbox"/> Aid to the Blind or Disabled                   | <input type="checkbox"/> Headstart  | <input type="checkbox"/> Supplemental Security Income (SSI)   |
| <input type="checkbox"/> Children’s Health Insurance Program (CHIP)     | <input type="checkbox"/> Low-Income Home Energy Assistance Program (LIHEAP) | <input type="checkbox"/> Temporary Assistance for Needy Families (TANF)                               |
| <input type="checkbox"/> Commodity Supplemental Food Program (CSFP)     | <input type="checkbox"/> Medicaid   | <input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants and Children (WIC) |
|   | <input type="checkbox"/> Section 8 Rental Assistance Program                |   |
|   | <input type="checkbox"/> Service Connected Disability                       |   |

\*Last name: \_\_\_\_\_ \* First name: \_\_\_\_\_

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\* Gender:  Female  Male  Transgendered  Undisclosed  Other

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 Black /African American  Asian  Other  
 Hispanic / Latino  Alaska Native / Aleut / Eskimo  Undisclosed

\* Self-Identifies As:  Disability \_\_\_\_\_  Veteran  None

\* Income Sources for member of household (Check all that apply and provide amount):  No Income  Undisclosed

Child Support \$\_\_\_\_\_per month  Retirement \$\_\_\_\_\_per month

Full-Time Employment \$\_\_\_\_\_per month  Social Security \$\_\_\_\_\_per month

Disability \$\_\_\_\_\_per month  SSI/SSDI \$\_\_\_\_\_per month

Other Income \$\_\_\_\_\_per month  Retirement \$\_\_\_\_\_per month

Part-Time Employment \$\_\_\_\_\_per month

TOTAL MONTHLY INCOME FOR HOUSEHOLD MEMBER \$\_\_\_\_\_

\*Other benefits received by member of household:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Aid to Families with Dependent Children (AFDC) | <input type="checkbox"/> Free/Reduced Lunch                                 | <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) – “Food Stamps”             |
| <input type="checkbox"/> Aid to the Blind or Disabled                   | <input type="checkbox"/> Headstart  | <input type="checkbox"/> Supplemental Security Income (SSI)   |
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Disability \$\_\_\_\_\_per month  SSI/SSDI \$\_\_\_\_\_per month

Other Income \$\_\_\_\_\_per month  Retirement \$\_\_\_\_\_per month

Part-Time Employment \$\_\_\_\_\_per month

TOTAL MONTHLY INCOME FOR HOUSEHOLD MEMBER \$\_\_\_\_\_

\*Other benefits received by member of household:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Aid to Families with Dependent Children (AFDC) | <input type="checkbox"/> Free/Reduced Lunch                                 | <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) – “Food Stamps”             |
| <input type="checkbox"/> Aid to the Blind or Disabled                   | <input type="checkbox"/> Headstart  | <input type="checkbox"/> Supplemental Security Income (SSI)   |
| <input type="checkbox"/> Children’s Health Insurance Program (CHIP)     | <input type="checkbox"/> Low-Income Home Energy Assistance Program (LIHEAP) | <input type="checkbox"/> Temporary Assistance for Needy Families (TANF)                               |
| <input type="checkbox"/> Commodity Supplemental Food Program (CSFP)     | <input type="checkbox"/> Medicaid   | <input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants and Children (WIC) |
| <input type="checkbox"/> Section 8 Rental Assistance Program            |   |   |
| <input type="checkbox"/> Service Connected Disability                   |   |   |

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\*Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Estimated?  Y  N

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Disability \$\_\_\_\_\_per month  SSI/SSDI \$\_\_\_\_\_per month

Other Income \$\_\_\_\_\_per month  Retirement \$\_\_\_\_\_per month

Part-Time Employment \$\_\_\_\_\_per month

TOTAL MONTHLY INCOME FOR HOUSEHOLD MEMBER \$\_\_\_\_\_

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|---|---|---|
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| <input type="checkbox"/> Section 8 Rental Assistance Program            |   |   |
| <input type="checkbox"/> Service Connected Disability                   |   |   |