



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 _____

* Last name: _____ * First name: _____

* Date of Birth: ____/____/____ Estimated? Y N

*** Gender:**

Male Female Transgendered Undisclosed

*** Marital status:**

None Married Divorced Widowed
 Single Common-Law Separated Undisclosed

* Address: _____ Address (Line 2): _____

* County: _____

* City: _____ *State: _____ * Zip code: _____

No fixed address

*** Housing Type:**

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

Email Address(es): _____

Phone Number(s): _____

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

*** Ethnicity:**

White and/or Anglo Asian Other
 Black and/or African American Alaska Native, Aleut or Eskimo Undisclosed
 Hispanic and/or Latino Middle-Eastern and/or North African
 American Indian and/or Native American Pacific Islander

*** Self-Identifies As:**

Disability Refugee Pregnant N/A
 New Immigrant Evacuee Postpartum Undisclosed
 Veteran Mental Illness Breastfeeding

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"/> GED | <input type="checkbox"/> 4 Year Degree | <input type="checkbox"/> Undisclosed |

*** Current Employment Type:**

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Post-Secondary Student | <input type="checkbox"/> Undisclosed |
| <input type="checkbox"/> Military | <input type="checkbox"/> Full-Time | <input type="checkbox"/> Other |
| <input type="checkbox"/> Multiple Jobs | <input type="checkbox"/> Part-Time | <input type="checkbox"/> Retired |

Monthly Income and Benefits for Head of Household

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

- | | | | |
|---|--------------------|--|--------------------|
| <input type="checkbox"/> No Income | | | |
| <input type="checkbox"/> Full-Time Employment | \$ _____ per month | <input type="checkbox"/> Retirement | \$ _____ per month |
| <input type="checkbox"/> Part-Time Employment | \$ _____ per month | <input type="checkbox"/> Social Security | \$ _____ per month |
| <input type="checkbox"/> Other Income | \$ _____ per month | <input type="checkbox"/> SSI/SSDI | \$ _____ 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"/> Free/Reduced Lunch | <input type="checkbox"/> Section 8 Rental Assistance Program |
| <input type="checkbox"/> Aid to the Blind or Disabled | <input type="checkbox"/> Headstart | <input type="checkbox"/> Service Connected Disability |
| <input type="checkbox"/> Children's Health Insurance Program (CHIP) | <input type="checkbox"/> Low-Income Home Energy Assistance Program (LIHEAP) | <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) |
| <input type="checkbox"/> Commodity Supplemental Food Program (CSFP) | <input type="checkbox"/> Medicaid | <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) |
| | <input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants and Children (WIC) | |

Dietary Considerations For Entire Household

- | | | | |
|-----------------------------------|-------------------------------------|------------------------------------|-------------------------------------|
| <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"/> Peanut | <input type="checkbox"/> Sulphite | |
| <input type="checkbox"/> Halal | | <input type="checkbox"/> Tree Nuts | <input type="checkbox"/> Other |

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

Provide This Information for Each Member of the Household

Head of Household Name: _____

*Last name: _____ * First name: _____	
*Date of Birth: ____/____/____ Estimated? <input type="checkbox"/> Y <input type="checkbox"/> N	
* Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgendered <input type="checkbox"/> Undisclosed	
*Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Grandchild <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative <input type="checkbox"/> Other <input type="checkbox"/> Boyfriend/Girlfriend <input type="checkbox"/> Common-Law Partner <input type="checkbox"/> Friend <input type="checkbox"/> Roommate <input type="checkbox"/> Undisclosed	
* Ethnicity: <input type="checkbox"/> White and/or Anglo <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> Black and/or African American <input type="checkbox"/> Alaska Native, Aleut or Eskimo <input type="checkbox"/> Undisclosed <input type="checkbox"/> Hispanic and/or Latino <input type="checkbox"/> Middle-Eastern and/or North African <input type="checkbox"/> American Indian and/or Native American <input type="checkbox"/> Pacific Islander	
* Self-Identifies As: <input type="checkbox"/> Disability <input type="checkbox"/> Refugee <input type="checkbox"/> Pregnant <input type="checkbox"/> N/A <input type="checkbox"/> New Immigrant <input type="checkbox"/> Evacuee <input type="checkbox"/> Postpartum <input type="checkbox"/> Undisclosed <input type="checkbox"/> Veteran _____ <input type="checkbox"/> Mental Illness _____ <input type="checkbox"/>	
Breastfeeding _____	
* Income Sources for member of household (Check all that apply and provide amount): <input type="checkbox"/> No Income	
<input type="checkbox"/> Full-Time Employment \$_____per month <input type="checkbox"/> Retirement \$_____per month	
<input type="checkbox"/> Part-Time Employment \$_____per month <input type="checkbox"/> Social Security \$_____per month	
<input type="checkbox"/> Other Income \$_____per month <input type="checkbox"/> SSI/SSDI \$_____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"/> Section 8 Rental Assistance Program <input type="checkbox"/> Aid to the Blind or Disabled <input type="checkbox"/> Headstart <input type="checkbox"/> Service Connected Disability <input type="checkbox"/> Children's Health Insurance Program (CHIP) <input type="checkbox"/> Low-Income Home Energy Assistance Program (LIHEAP) <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) <input type="checkbox"/> Commodity Supplemental Food Program (CSFP) <input type="checkbox"/> Medicaid <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) <input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	
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Provide This Information for Each Member of the Household

Head of Household Name: _____

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* Gender: Male Female Transgendered Undisclosed

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

* Ethnicity: White and/or Anglo Asian Other
 Black and/or African American Alaska Native, Aleut or Eskimo Undisclosed
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* Self-Identifies As: Disability Refugee Pregnant N/A
 New Immigrant Evacuee Postpartum Undisclosed
 Veteran _____ Mental Illness _____

Breastfeeding

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

Full-Time Employment \$ _____ per month Retirement \$ _____ per month
 Part-Time Employment \$ _____ per month Social Security \$ _____ per month
 Other Income \$ _____ per month SSI/SSDI \$ _____ per month

TOTAL MONTHLY INCOME FOR HOUSEHOLD MEMBER \$ _____

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- | | | |
|---|---|---|
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