

Food Pantry Client Intake Form

1. PERSONAL INFORMATION (Head of Household):

Last Name: _____ First Name: _____ Date of Birth: _____

Gender Identity: Female Male Transgender Other Undisclosed

Marital Status: Single Married Common-Law Divorced Separated Widowed Undisclosed

Consent Signature: *By signing below, you consent to have this information entered into our online database. The collected information helps your food pantry and Regional Food Bank share accurate information for a clearer understanding of hunger in our community. We respect your privacy and will not share your personal, individual information with anyone outside of this partner network.*

Signature: _____ Date: _____

Address: _____ Apt #: _____

City: _____ Zip: _____ County: _____

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

Phone Number: _____ Email Address: _____

ID Type Provided: Driver's License Birth Certificate Passport State ID Card Link2Feed Barcode ID
 Photo ID None

Were you referred to our agency by any of the following?

Client/Friend/Family Emergency Shelter Employment Support or Education Health Care Housing Support
 Media/News/Outreach Mental Health Support or Education Social Worker School Program (for children)
 Other (please specify): _____ No Referral

Race or Ethnicity: White/Anglo Hispanic/Latino Black/African American Asian Pacific Islander
 American Indian/Native American Middle Eastern/North African Alaska Native/Aleut/Eskimo
 Other Undisclosed

Military Status: Active Military Military Reservist Veteran Disabled Veteran None Undisclosed

Please continue to next page

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PERSONAL INFORMATION (Additional Members of Household):

Please fill in the chart to list each additional resident in the household address above.

First Name:	Last Name:	Date of Birth: <i>(format: xx/xx/xxxx)</i>	Gender Identity:	Race or Ethnicity:	Military Status:	Relationship* to Head of Household:
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

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

2. PROFILE

Head of Household Education Level: Grade 0-8 Grade 9-11 GED High School Diploma

Some Post-Secondary Trade School/Professional Accreditation 2 Year Degree 4 Year Degree

Master's Degree PhD Undisclosed

Head of Household Employment Type: Full-Time Part-Time Post-Secondary Student Retired

Unemployed Self-Employed Working Multiple Jobs Unable to Work Due to Disability

Other None Undisclosed

Please continue to next page

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3. MONTHLY INCOME

Please fill in the chart to list the Monthly Gross (Pre-Tax) Income for the entire household. Include anyone in the household that has income, listing the amount next to each source below.

First Name:						
Social Security Income:	\$	\$	\$	\$	\$	\$
Disability Income:	\$	\$	\$	\$	\$	\$
Employment Income:	\$	\$	\$	\$	\$	\$
Unemployment Income:	\$	\$	\$	\$	\$	\$
Pension:	\$	\$	\$	\$	\$	\$
Other (please specify): _____	\$	\$	\$	\$	\$	\$
Undisclosed Source:	\$	\$	\$	\$	\$	\$
No Income:						

Please place a check mark next to the benefit(s) that each member in the household receives, if any:

First Name:						
CSFP / Senior Boxes:						
FDPIR (Tribal Benefits):						
TANF:						
Medicaid/SoonerCare:						
Medicare:						
SNAP / Food Stamps:						
WIC:						
Veteran Benefits:						

4. DIETARY CONSIDERATIONS

Please list any special dietary needs in your household, if any: Dairy Allergy Diabetic Gluten Allergy
 Peanut Allergy Halal Kosher Low Sodium Vegan Vegetarian

AUTHORIZED REPRESENTATIVE (Proxy)

This person is designated to pick up food on behalf of the eligible household.

Name: _____ **Phone:** _____