Food Pantry Intake Form

First Name: _____ Last Name: _____

Date of Birth:_____ or Age: _____

Contact Information:
Address: _____ Apt#_____

City: _____ Zip: _____ County: _____

Email Address: _____ □ Okay to contact

Phone #: _____ □ Ok to contact □ No phone

What method of communication do you prefer? □ Text □ Call □ Email

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

First Name:	Last Name:	Date of Birth or Age:	Gender:	Race or Ethnicity:
1.				
2.				
3.				
4.				
5.				
6.				

Is anyone in your household currently receiving SNAP? *(formerly known as food stamps)*
□ Yes □ No

Please check the additional benefit programs the household is enrolled in, if any:
□ Commodity Supplemental Food Program (CSFP) □ FDPIR (Tribal Benefits)
□ Free/Reduced Price School Meals □ Housing Subsidies □ Medicaid/Sooner Care □ Medicare
□ Social Security Disability (SSDI) □ Supplemental Security Income (SSI) □ TANF
□ Unemployment □ Veteran's Assistance □ WIC □ Worker's Compensation
□ None □ Prefer Not to Answer

TEFAP Proxy:
Please list out the person(s) designated to sign for and receive food on your behalf.

1) Name and Phone Number: _____
2) Name and Phone Number: _____
3) Name and Phone Number: _____

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What gender do you identify as?
□ Female □ Male □ Transgender □ None of these □ Prefer not to answer

What is your race or ethnicity? (select all that apply):
□ White □ Hispanic, Latino, or Spanish □ Black or African American □ Asian
□ American Indian or Alaska Native □ Middle Eastern or North African
□ Native Hawaiian or Other Pacific Islander □ Some other race or ethnicity

Did you or anyone in your home, work full-time (30 hours or more per week), in the last month?
□ Yes, working 30 or more hours □ No, not working 30 hours □ Don't know

Is there anyone in your household who cannot work because of disability?
□ Yes, have disability □ No, no disability

Which category represents the total monthly income for your household?
□ $0 (zero) □ Less than $500 □ $500 - $999 □ $1,000 - $1,999 □ $2,000 - $2,999
□ $3,000 - $3,999 □ $4,000 or more □ Don't know

Have you, or anyone who lives with you, served in the U.S. military?
□ Yes, on active duty in the past, but not now □ Yes, now on active duty
□ No, never on active duty except for basic training □ No, never served in U.S. military

Does anyone in your household have any of these dietary restrictions? (Select all that apply.)
□ Difficulty Chewing or Swallowing □ Difficulty Cutting Foods □ Shellfish Food Allergen
□ Dairy Food Allergen □ Peanut Food Allergen □ Soybean Food Allergen □ Gluten-free □ Halal
□ Kosher □ Low-sugar □ Low Sodium □ Low Fat □ Microwave / Limited Cooking Only □ Vegan
□ Vegetarian □ Other □ No restrictions

How true is this statement for your household? In the past 30 days, we were worried that our food could run out before we had money to buy more.
□ Often true □ Sometimes true □ Never true □ Don't know /Prefer not to answer

How true is this statement for your household? In the past 30 days, the food we bought did not last, and we did not have money to buy more.
□ Often true □ Sometimes true □ Never true □ Don't know /Prefer not to answer

Data Sharing with Third Parties Acknowledgement:
To improve our programs and connect you with additional services, we may need to share your personal information with third parties, such as healthcare providers, social service providers, and our other partners.
We will not deny you services based on your answer.

□ I agree to share my personal information with third parties.
□ I do not agree to share my personal information with third parties.

For office use only:
Today's Date: _____ Alt. ID#:_____ *Primary Service:* __TEFAP __Appointment __Mobile __Home Delivery __Disaster

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