



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 Visit to Food Bank, if known: _____	
* Last Name: _____	* First Name: _____ Middle Initial: _____
* Date of Birth: ____/____/____	Is DOB Estimated? <input type="checkbox"/> Yes <input type="checkbox"/> No
* Gender Identity: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> None of these <input type="checkbox"/> Transgender <input type="checkbox"/> Didn't Ask <input type="checkbox"/> Prefer Not to Answer	
* Marital status: <input type="checkbox"/> Common-Law <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Didn't Ask <input type="checkbox"/> Don't Know <input type="checkbox"/> Prefer Not to Answer	
* Address: Street: _____ Street (Line 2): _____	
* City: _____	* County: _____
* State: _____	* Zip Code: _____
<input type="checkbox"/> No fixed address <input type="checkbox"/> Prefer Not to Answer	
* Housing Type: <input type="checkbox"/> Own Home <input type="checkbox"/> Private Rental <input type="checkbox"/> Unhoused/shelter/transitional housing/hotel <input type="checkbox"/> With Family/Friends <input type="checkbox"/> Didn't Ask <input type="checkbox"/> Don't Know <input type="checkbox"/> Prefer Not to Answer	
Email Address(es): _____	
Phone Number(s): _____	
Is English your primary language? <input type="checkbox"/> Yes <input type="checkbox"/> No - If no, primary language: _____	
* Referred By: <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Church or nonprofit <input type="checkbox"/> Online <input type="checkbox"/> Social Services <input type="checkbox"/> Didn't Ask <input type="checkbox"/> Don't know <input type="checkbox"/> Other <input type="checkbox"/> Prefer Not to Answer	
* Ethnicity: <input type="checkbox"/> Alaska Native / Aleut <input type="checkbox"/> American Indian / Native American <input type="checkbox"/> Asian <input type="checkbox"/> Black / African American <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Middle Eastern / North African <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White/Anglo <input type="checkbox"/> Didn't Ask <input type="checkbox"/> Don't Know <input type="checkbox"/> Prefer Not to Answer	
* Self-Identifies As: <input type="checkbox"/> Disability <input type="checkbox"/> Veteran <input type="checkbox"/> None <input type="checkbox"/> Didn't Ask <input type="checkbox"/> Don't Know <input type="checkbox"/> Prefer Not to Answer	

Household Social Programs and Monthly Income

* Does anyone from the household currently receive SNAP (Food Stamps)?

No Yes Didn't Ask Don't Know Prefer not to Answer

* Other Household Benefits – Does anyone from your household receive any of the following?

Medicaid (SSI) Supplemental Security Income (TANF) Temporary Assistance for Needy Families
 (WIC) Other Benefits Didn't Ask Don't Know No Benefits Prefer Not to Answer

* Monthly Household Income – Provide income amount for ENTIRE HOUSEHOLD

TOTAL MONTHLY INCOME \$ _____

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

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

This section to be filled out by pantry volunteer/staff: Check if eligible for TEFAP

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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