



Assigned Client Id # \_\_\_\_\_

## Primary Registration Information

**1 Consent to Collect Data:** ☐ Yes<sup>1</sup> ☐ No<sup>2</sup>**Number of People in Household<sup>3</sup>:** \_\_\_\_\_**2 \*Last Name<sup>1</sup>:** \_\_\_\_\_ **\*First Name<sup>2</sup>:** \_\_\_\_\_**3 \*Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy) ☐ Date of Birth Estimated**4 \*Gender:** ☐ Female<sup>1</sup> ☐ Male<sup>2</sup> ☐ None of these<sup>3</sup> ☐ Transgender<sup>4</sup> ☐ Didn't Ask<sup>5</sup> ☐ Prefer not to answer<sup>6</sup>**5 \*Marital Status:** ☐ Common-Law<sup>1</sup> ☐ Separated<sup>4</sup> ☐ Didn't Ask<sup>7</sup>  
☐ Divorced<sup>2</sup> ☐ Single<sup>5</sup> ☐ Don't Know<sup>8</sup>  
☐ Married<sup>3</sup> ☐ Widowed<sup>6</sup> ☐ Prefer not to answer<sup>9</sup>**6 \*Address<sup>1</sup>:** \_\_\_\_\_Address (Line 2 – Apt, Lot or Unit #)<sup>2</sup>: \_\_\_\_\_**\*City<sup>3</sup>:** \_\_\_\_\_**7 \*County<sup>4</sup>:** \_\_\_\_\_**\*State<sup>5</sup>:** \_\_\_\_\_**\*Zip Code<sup>6</sup>:** \_\_\_\_\_☐ No fixed address<sup>7</sup>☐ Prefer not to answer<sup>8</sup>**8 \*Housing Type:** (Select one)☐ Emergency Shelter/Mission/Transitional<sup>1</sup>☐ Public (Social) Housing<sup>5</sup>☐ Other<sup>9</sup>☐ Evacuee<sup>2</sup>☐ Unhoused<sup>6</sup>☐ Didn't Ask<sup>10</sup>☐ Own Home<sup>3</sup>☐ With Family/ Friends<sup>7</sup>☐ Don't Know<sup>11</sup>☐ Private Rental<sup>4</sup>☐ Youth Home / Shelter<sup>8</sup>☐ Prefer not to answer<sup>12</sup>**9 Email Address:** \_\_\_\_\_**10 Home Phone Number:**<sup>1</sup> \_\_\_\_\_**Mobile Phone Number:**<sup>2</sup> \_\_\_\_\_**11 \*Referred by:**☐ Announcement from school<sup>1</sup>☐ Current Client<sup>4</sup>☐ Door Hanger<sup>7</sup>☐ Flyer/Schedule<sup>2</sup>☐ Food Bank Staff Member<sup>5</sup>☐ Friend or family member<sup>8</sup>☐ Newspaper /Radio/ TV<sup>3</sup>☐ Postcard mailing<sup>6</sup>☐ Social Media/Website<sup>9</sup>☐ Other<sup>10</sup> \_\_\_\_\_**12 \*Ethnicity: (Select all that apply)**☐ Alaska Native/ Aleut Eskimo<sup>1</sup>☐ Hispanic / Latino<sup>5</sup>☐ Didn't Ask<sup>9</sup>☐ American Indian/ Native American<sup>2</sup>☐ Middle Eastern / North African<sup>6</sup>☐ Don't know<sup>10</sup>☐ Asian<sup>3</sup>☐ Pacific Islander<sup>7</sup>☐ Prefer not to answer<sup>11</sup>☐ Black / African American<sup>4</sup>☐ White / Anglo<sup>8</sup>**13 \*Self-identify as a Veteran:** ☐ Yes<sup>1</sup> ☐ No<sup>2</sup> ☐ Didn't ask<sup>3</sup> ☐ Don't know<sup>4</sup> ☐ Prefer not to answer<sup>5</sup>**14 \*Self-identify as a Person with Disability?:** ☐ Yes<sup>1</sup> ☐ No<sup>2</sup> ☐ Didn't ask<sup>3</sup> ☐ Don't know<sup>4</sup> ☐ Prefer not to answer<sup>5</sup>**15 \*Does anyone in your household receive Supplemental Nutrition Assistance Program (SNAP)?**☐ No<sup>1</sup> ☐ Yes<sup>2</sup> ☐ Didn't ask<sup>3</sup> ☐ Don't know<sup>4</sup> ☐ Prefer not to answer<sup>5</sup>**16 \*Does anyone in your household receive any of the following benefits? (Check all that apply)**☐ Free or Reduced School Lunch<sup>1</sup>☐ Supplemental Security Income (SSI)<sup>5</sup>☐ Don't Know<sup>9</sup>☐ Low-Income Home Energy Assistance Program (LiHEAP)<sup>2</sup>☐ Temporary Assistance to Needy Families (TANF)<sup>6</sup>☐ No Benefits<sup>10</sup>☐ Medicaid<sup>3</sup>☐ Other Benefits<sup>7</sup>☐ Prefer not Answer<sup>11</sup>☐ Supplemental Assistance for Women, Infants & Children (WIC)<sup>4</sup>☐ Didn't Ask<sup>8</sup>**17 \*Total Monthly Household Income:** \$ \_\_\_\_\_

### Additional Household Members

Please fill in a line of information for each additional household member including spouse, children, parents, grandchildren, siblings, or anyone else who belongs to your household. **Please DO NOT list yourself.**

Name <sup>1</sup> (First and Last)	Date of birth <sup>2</sup> MM/DD/YYYY	Gender <sup>3</sup>	Relationship to You <sup>4</sup>	Ethnicity <sup>5</sup>	Self-Identify as Veteran? <sup>6</sup>	Does this person have a Disability? <sup>7</sup>
1.					<input type="checkbox"/> Yes <sup>1</sup> <input type="checkbox"/> No <sup>2</sup> <input type="checkbox"/> Didn't ask <sup>3</sup> <input type="checkbox"/> Didn't know <sup>4</sup> <input type="checkbox"/> Prefer not to answer <sup>5</sup>	<input type="checkbox"/> Yes <sup>1</sup> <input type="checkbox"/> No <sup>2</sup> <input type="checkbox"/> Didn't ask <sup>3</sup> <input type="checkbox"/> Didn't know <sup>4</sup> <input type="checkbox"/> Prefer not to answer <sup>5</sup>
2.					<input type="checkbox"/> Yes <sup>1</sup> <input type="checkbox"/> No <sup>2</sup> <input type="checkbox"/> Didn't ask <sup>3</sup> <input type="checkbox"/> Didn't know <sup>4</sup> <input type="checkbox"/> Prefer not to answer <sup>5</sup>	<input type="checkbox"/> Yes <sup>1</sup> <input type="checkbox"/> No <sup>2</sup> <input type="checkbox"/> Didn't ask <sup>3</sup> <input type="checkbox"/> Didn't know <sup>4</sup> <input type="checkbox"/> Prefer not to answer <sup>5</sup>
3.					<input type="checkbox"/> Yes <sup>1</sup> <input type="checkbox"/> No <sup>2</sup> <input type="checkbox"/> Didn't ask <sup>3</sup> <input type="checkbox"/> Didn't know <sup>4</sup> <input type="checkbox"/> Prefer not to answer <sup>5</sup>	<input type="checkbox"/> Yes <sup>1</sup> <input type="checkbox"/> No <sup>2</sup> <input type="checkbox"/> Didn't ask <sup>3</sup> <input type="checkbox"/> Didn't know <sup>4</sup> <input type="checkbox"/> Prefer not to answer <sup>5</sup>
4.					<input type="checkbox"/> Yes <sup>1</sup> <input type="checkbox"/> No <sup>2</sup> <input type="checkbox"/> Didn't ask <sup>3</sup> <input type="checkbox"/> Didn't know <sup>4</sup> <input type="checkbox"/> Prefer not to answer <sup>5</sup>	<input type="checkbox"/> Yes <sup>1</sup> <input type="checkbox"/> No <sup>2</sup> <input type="checkbox"/> Didn't ask <sup>3</sup> <input type="checkbox"/> Didn't know <sup>4</sup> <input type="checkbox"/> Prefer not to answer <sup>5</sup>
5.					<input type="checkbox"/> Yes <sup>1</sup> <input type="checkbox"/> No <sup>2</sup> <input type="checkbox"/> Didn't ask <sup>3</sup> <input type="checkbox"/> Didn't know <sup>4</sup> <input type="checkbox"/> Prefer not to answer <sup>5</sup>	<input type="checkbox"/> Yes <sup>1</sup> <input type="checkbox"/> No <sup>2</sup> <input type="checkbox"/> Didn't ask <sup>3</sup> <input type="checkbox"/> Didn't know <sup>4</sup> <input type="checkbox"/> Prefer not to answer <sup>5</sup>
6.					<input type="checkbox"/> Yes <sup>1</sup> <input type="checkbox"/> No <sup>2</sup> <input type="checkbox"/> Didn't ask <sup>3</sup> <input type="checkbox"/> Didn't know <sup>4</sup> <input type="checkbox"/> Prefer not to answer <sup>5</sup>	<input type="checkbox"/> Yes <sup>1</sup> <input type="checkbox"/> No <sup>2</sup> <input type="checkbox"/> Didn't ask <sup>3</sup> <input type="checkbox"/> Didn't know <sup>4</sup> <input type="checkbox"/> Prefer not to answer <sup>5</sup>
7.					<input type="checkbox"/> Yes <sup>1</sup> <input type="checkbox"/> No <sup>2</sup> <input type="checkbox"/> Didn't ask <sup>3</sup> <input type="checkbox"/> Didn't know <sup>4</sup> <input type="checkbox"/> Prefer not to answer <sup>5</sup>	<input type="checkbox"/> Yes <sup>1</sup> <input type="checkbox"/> No <sup>2</sup> <input type="checkbox"/> Didn't ask <sup>3</sup> <input type="checkbox"/> Didn't know <sup>4</sup> <input type="checkbox"/> Prefer not to answer <sup>5</sup>