



Primary Registration Information

1 *Consent to Collect Data: Yes¹ No² **Number of People in Household³:** _____

2 *Last Name¹: _____ *First Name²: _____

3 *Date of Birth: ____/____/____ (mm/dd/yyyy) Date of Birth Estimated

4 *Gender: Female¹ Male² None of these³ Transgender⁴ Didn't Ask⁵ Prefer not to answer⁶

5 *Marital Status: Common-Law¹ Separated⁴ Didn't Ask⁷
 Divorced² Single⁵ Don't Know⁸
 Married³ Widowed⁶ Prefer not to answer⁹

6 *Address¹: _____

Address (Line 2 - Apt, Lot or Unit #)²: _____ *City³: _____

7 *County⁴: _____ *State⁵: _____ *Zip Code⁶: _____

No fixed address⁷ Prefer not to answer⁸

8 *Housing Type: (Select one)

Emergency Shelter/Mission/Transitional¹ Public (Social) Housing⁵ Other⁹
 Evacuee² Unhoused⁶ Didn't Ask¹⁰
 Own Home³ With Family/ Friends⁷ Don't Know¹¹
 Private Rental⁴ Youth Home / Shelter⁸ Prefer not to answer¹²

9a Email Address: _____ 10a Home Phone Number: ¹ _____

9b Preferred Language(s) _____ 10b Mobile Phone Number: ² _____

11 *Referred by:

Announcement from school¹ Current Client⁴ Door Hanger⁷
 Flyer/Schedule² Food Bank Staff Member⁵ Friend or family member⁸
 Newspaper /Radio/ TV³ Postcard mailing⁶ Social Media/Website⁹
 Other¹⁰ _____

12 *Ethnicity: (Select all that apply)

Alaska Native/ Aleut Eskimo¹ Hispanic / Latino⁵ Didn't Ask⁹
 American Indian/ Native American² Middle Eastern / North African⁶ Don't know¹⁰
 Asian³ Pacific Islander⁷ Prefer not to answer¹¹
 Black / African American⁴ White / Anglo⁸

13 *Self-identify as a Veteran: Yes¹ No² Didn't ask³ Don't know⁴ Prefer not to answer⁵

14 *Self-identify as a Person with Disability?: Yes¹ No² Didn't ask³ Don't know⁴ Prefer not to answer⁵

15 *Does anyone in your household receive Supplemental Nutrition Assistance Program (SNAP)?

No¹ Yes² Didn't ask³ Don't know⁴ Prefer not to answer⁵

16 *Does anyone in your household receive any of the following benefits? (Check all that apply)

Free or Reduced School Lunch¹ Supplemental Security Income (SSI)⁵ Don't Know⁹
 Low-Income Home Energy Assistance Program (LiHeap)² Temporary Assistance to Needy Families (TANF)⁶ No Benefits¹⁰
 Medicaid³ Other Benefits⁷ Prefer not Answer¹¹
 Supplemental Assistance for Women, Infants & Children (WIC)⁴ Didn't Ask⁸

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