

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 identity: ☐ Female¹ ☐ Male² ☐ None of these³ ☐ Transgender⁴ ☐ Didn't ask⁵ ☐ Prefer not to answer⁶

5 Consent to contact by email¹ ☐ Yes ☐ No
by text² ☐ Yes ☐ No
by voice³ ☐ Yes ☐ No

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/transitional¹ ☐ Unhoused⁴ ☐ Didn't ask⁷
☐ Own home² ☐ With family/friends⁵ ☐ Don't know⁸
☐ Private rental³ ☐ Other⁶ ☐ Prefer not to answer⁹

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: \$ _____

18 Proxy name(s) authorized pickup person(s) not household members _____

Additional household members

Please fill in 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.					☐ Yes ¹ ☐ No ² ☐ Didn't ask ³ ☐ Don't know ⁴ ☐ Prefer not to answer ⁵	☐ Yes ¹ ☐ No ² ☐ Didn't ask ³ ☐ Don't know ⁴ ☐ Prefer not to answer ⁵
2.					☐ Yes ¹ ☐ No ² ☐ Didn't ask ³ ☐ Don't know ⁴ ☐ Prefer not to answer ⁵	☐ Yes ¹ ☐ No ² ☐ Didn't ask ³ ☐ Don't know ⁴ ☐ Prefer not to answer ⁵
3.					☐ Yes ¹ ☐ No ² ☐ Didn't ask ³ ☐ Don't know ⁴ ☐ Prefer not to answer ⁵	☐ Yes ¹ ☐ No ² ☐ Didn't ask ³ ☐ Don't know ⁴ ☐ Prefer not to answer ⁵
4.					☐ Yes ¹ ☐ No ² ☐ Didn't ask ³ ☐ Don't know ⁴ ☐ Prefer not to answer ⁵	☐ Yes ¹ ☐ No ² ☐ Didn't ask ³ ☐ Don't know ⁴ ☐ Prefer not to answer ⁵
5.					☐ Yes ¹ ☐ No ² ☐ Didn't ask ³ ☐ Don't know ⁴ ☐ Prefer not to answer ⁵	☐ Yes ¹ ☐ No ² ☐ Didn't ask ³ ☐ Don't know ⁴ ☐ Prefer not to answer ⁵
6.					☐ Yes ¹ ☐ No ² ☐ Didn't ask ³ ☐ Don't know ⁴ ☐ Prefer not to answer ⁵	☐ Yes ¹ ☐ No ² ☐ Didn't ask ³ ☐ Don't know ⁴ ☐ Prefer not to answer ⁵
7.					☐ Yes ¹ ☐ No ² ☐ Didn't ask ³ ☐ Don't know ⁴ ☐ Prefer not to answer ⁵	☐ Yes ¹ ☐ No ² ☐ Didn't ask ³ ☐ Don't know ⁴ ☐ Prefer not to answer ⁵
8.					☐ Yes ¹ ☐ No ² ☐ Didn't ask ³ ☐ Don't know ⁴ ☐ Prefer not to answer ⁵	☐ Yes ¹ ☐ No ² ☐ Didn't ask ³ ☐ Don't know ⁴ ☐ Prefer not to answer ⁵