



Assigned Client Id # _____

Barcode # _____

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