



Number of People in Household: \_\_\_\_\_

### Primary Registration Information

\*Last Name: \_\_\_\_\_ \*First Name: \_\_\_\_\_

\*Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)

\*Gender:  Male  Female  Transgender  Undisclosed

\*Marital Status:  Single  Married  Common-Law  Divorced  Separated  Widowed  Undisclosed

\*Address: \_\_\_\_\_

Address (Line 2 – Apt, Lot or Unit #): \_\_\_\_\_ \*County: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_

No fixed address/ Undisclosed

\*Housing Type: (Select one)

- |   |   |
|---|---|
| <input type="checkbox"/> Emergency Shelter/Mission/Transitional | <input type="checkbox"/> Rental               |
| <input type="checkbox"/> Evacuee                                | <input type="checkbox"/> Other                |
| <input type="checkbox"/> Unhoused                               | <input type="checkbox"/> With Family/ Friends |
| <input type="checkbox"/> Own Home                               | <input type="checkbox"/> Undisclosed          |

\*Referred by:

- Announcement from school  Current Client  Door Hanger  Flyer/Schedule  Food Bank Staff Member  
 Friend or family member  Newspaper  Other  Other Organization  Post Card  Radio  Social Media or website

\*Ethnicity:

- |   |  |                                      |
|---|--|--------------------------------------|
| <input type="checkbox"/> White/ Anglo                     | <input type="checkbox"/> Asian                         | <input type="checkbox"/> Other       |
| <input type="checkbox"/> Black/ African American          | <input type="checkbox"/> Alaska Native/ Aleut Eskimo   | <input type="checkbox"/> Undisclosed |
| <input type="checkbox"/> Hispanic/ Latino                 | <input type="checkbox"/> Middle-Eastern/ North-African |                                      |
| <input type="checkbox"/> American Indian/ Native American | <input type="checkbox"/> Pacific Islander              |                                      |

\*Are you a Veteran (*skip if child*):  Yes  No

\*Primary Income:  Disability  Full Time Employment  No Income  Part Time Employment  Social Security  
 Pension/Retirement  Seasonal \*Monthly Amount: \$ \_\_\_\_\_

Secondary Income:  Disability  Full Time Employment  No Income  Part Time Employment  Social Security  
 Other: \_\_\_\_\_ Monthly Amount: \$ \_\_\_\_\_

\*Do you receive any of the following?: (check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Free or Reduced School Lunch                       | <input type="checkbox"/> Supplemental Assistance for Women, Infants & Children (WIC) |
| <input type="checkbox"/> Low-Income Home Energy Assistance Program (LiHeap) | <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)            |
| <input type="checkbox"/> Medicaid   | <input type="checkbox"/> Supplemental Security Income (SSI)                          |
| <input type="checkbox"/> None   | <input type="checkbox"/> Temporary Assistance to Needy Families (TANF)               |

**Additional Household Members**

**PROXY (if TEFAP distribution):** \_\_\_\_\_

Please fill in a line of information for each additional household member including children and roommates. For services, please reference the services listed in the last section of the previous page and list all that apply for the listed individual.

| Name (First and Last) | DOB | Gender | Relationship to You | Ethnicity | Income Source (FT/PT/etc) | Monthly \$ Amount | Services Received/Veteran Status: (Circle all that apply)   |
|-----------------------|-----|--------|---------------------|-----------|---------------------------|-------------------|---|
| 1.                    |     |        |                     |           |                           |                   | SSI      Medicaid      SNAP<br>Free or Reduced School Lunch<br>WIC      LiHeap      TANF<br>None      Veteran |
| 2.                    |     |        |                     |           |                           |                   | SSI      Medicaid      SNAP<br>Free or Reduced School Lunch<br>WIC      LiHeap      TANF<br>None      Veteran |
| 3.                    |     |        |                     |           |                           |                   | SSI      Medicaid      SNAP<br>Free or Reduced School Lunch<br>WIC      LiHeap      TANF<br>None      Veteran |
| 4.                    |     |        |                     |           |                           |                   | SSI      Medicaid      SNAP<br>Free or Reduced School Lunch<br>WIC      LiHeap      TANF<br>None      Veteran |
| 5.                    |     |        |                     |           |                           |                   | SSI      Medicaid      SNAP<br>Free or Reduced School Lunch<br>WIC      LiHeap      TANF<br>None      Veteran |
| 6.                    |     |        |                     |           |                           |                   | SSI      Medicaid      SNAP<br>Free or Reduced School Lunch<br>WIC      LiHeap      TANF<br>None      Veteran |
| 7.                    |     |        |                     |           |                           |                   | SSI      Medicaid      SNAP<br>Free or Reduced School Lunch<br>WIC      LiHeap      TANF<br>None      Veteran |