



Number of People in Household: _____

Primary Registration Information

*Last Name: _____ *First Name: _____

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

*Gender: Male Female Transgender Didn't ask Don't know Prefer not to answer

*Marital Status: Single Married Common-Law Divorced Separated Widowed
 Didn't ask Don't know Prefer not to answer

*Address: _____

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

*City: _____ *State: _____ *Zip Code: _____

No fixed address Prefer not to answer

*Housing Type: (Select one)

Emergency Shelter/Mission/Transitional Rental Didn't ask
 Evacuee Other Don't know
 Unhoused With Family/ Friends Prefer not to answer
 Own Home

*Referred by:

Announcement from school Current Client Door Hanger Flyer/Schedule Food Bank Staff Member
 Friend or family member Newspaper /Radio/ TV Postcard mailing Social Media/Website Other _____

*Ethnicity:

Alaska Native/ Aleut Eskimo Black/ African American Pacific Islander Didn't ask
 American Indian/ Native American Hispanic/ Latino White/ Anglo Don't know
 Asian Middle-Eastern/ North-African Other Prefer not to answer

*Self-identify as Veteran: Yes None Didn't ask Don't know Prefer not to answer

*Do you have any disability? Yes No Didn't ask Don't know Prefer not to answer

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

Yes No Didn't ask Don't know Prefer not to answer

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

Free or Reduced School Lunch Supplemental Assistance for Women, Infants & Children (WIC)
 Low-Income Home Energy Assistance Program (LiHeap) Supplemental Security Income (SSI)
 Medicaid Temporary Assistance to Needy Families (TANF)
 None

*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 (First and Last)	Date of birth	Gender	Relationship to You	Ethnicity	Self Identify as Veteran:	Does this person have a Disability?
1.					<input type="checkbox"/> Yes <input type="checkbox"/> None <input type="checkbox"/> Didn't ask <input type="checkbox"/> Don't know <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Didn't ask <input type="checkbox"/> Didn't know <input type="checkbox"/> Prefer not to answer
2.					<input type="checkbox"/> Yes <input type="checkbox"/> None <input type="checkbox"/> Didn't ask <input type="checkbox"/> Don't know <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Didn't ask <input type="checkbox"/> Didn't know <input type="checkbox"/> Prefer not to answer
3.					<input type="checkbox"/> Yes <input type="checkbox"/> None <input type="checkbox"/> Didn't ask <input type="checkbox"/> Don't know <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Didn't ask <input type="checkbox"/> Didn't know <input type="checkbox"/> Prefer not to answer
4.					<input type="checkbox"/> Yes <input type="checkbox"/> None <input type="checkbox"/> Didn't ask <input type="checkbox"/> Don't know <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Didn't ask <input type="checkbox"/> Didn't know <input type="checkbox"/> Prefer not to answer
5.					<input type="checkbox"/> Yes <input type="checkbox"/> None <input type="checkbox"/> Didn't ask <input type="checkbox"/> Don't know <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Didn't ask <input type="checkbox"/> Didn't know <input type="checkbox"/> Prefer not to answer
6.					<input type="checkbox"/> Yes <input type="checkbox"/> None <input type="checkbox"/> Didn't ask <input type="checkbox"/> Don't know <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Didn't ask <input type="checkbox"/> Didn't know <input type="checkbox"/> Prefer not to answer
7.					<input type="checkbox"/> Yes <input type="checkbox"/> None <input type="checkbox"/> Didn't ask <input type="checkbox"/> Don't know <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Didn't ask <input type="checkbox"/> Didn't know <input type="checkbox"/> Prefer not to answer