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.

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<tr>
<th>Name (First and Last)</th>
<th>Date of birth</th>
<th>Gender</th>
<th>Relationship to You</th>
<th>Ethnicity</th>
<th>Self Identify as Veteran:</th>
<th>Does this person have a Disability?</th>
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