



Primary Registration Information

1 *Consent to Collect Data: Yes¹ No²

Number of People in Household³: 4

2 *Last Name¹: Smith *First Name²: JOHN

3 *Date of Birth: 03 / 24 / 1957 (mm/dd/yyyy) Date of Birth Estimated

4 *Gender: Female¹ Male² None of these³ Transgender⁴ Didn't Ask⁵ Prefer not to answer⁶

5 *Marital Status: Common-Law¹ Separated⁴ Didn't Ask⁷
 Divorced² Single⁵ Don't Know⁸
 Married³ Widowed⁶ Prefer not to answer⁹

6 *Address¹: 1234 MAIN STREET

Address (Line 2 - Apt, Lot or Unit #): APT 4 *City³: SARASOTA

7 *County⁴: SARASOTA *State⁵: FL *Zip Code⁶: 34240

No fixed address⁷ Prefer not to answer⁸

8 *Housing Type: (Select one)

- Emergency Shelter/Mission/Transitional¹
- Evacuee²
- Own Home³
- Private Rental⁴
- Public (Social) Housing⁵
- Unhoused⁶
- With Family/ Friends⁷
- Youth Home / Shelter⁸
- Other⁹
- Didn't Ask¹⁰
- Don't Know¹¹
- Prefer not to answer¹²

9a Email Address: JOHNSMITH@EMAIL.COM 10a Home Phone Number¹: 555-123-4567

9b Preferred Language(s) SPANISH, ENGLISH 10b Mobile Phone Number²: _____

11 *Referred by:

- Announcement from school¹
- Flyer/Schedule²
- Newspaper /Radio/ TV³
- Current Client⁴
- Food Bank Staff Member⁵
- Postcard mailing⁶
- Friend or family member⁸
- Social Media/Website⁹
- Other¹⁰ _____
- Door Hanger⁷

12 *Ethnicity: (Select all that apply)

- Alaska Native/ Aleut Eskimo¹
- American Indian/ Native American²
- Asian³
- Black / African American⁴
- Hispanic / Latino⁵
- Middle Eastern / North African⁶
- Pacific Islander⁷
- White / Anglo⁸
- Didn't Ask⁹
- Don't know¹⁰
- Prefer not to answer¹¹

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
- Low-Income Home Energy Assistance Program (LiHeap)²
- Medicaid³
- Supplemental Assistance for Women, Infants & Children (WIC)⁴
- Supplemental Security Income (SSI)⁵
- Temporary Assistance to Needy Families (TANF)⁶
- Other Benefits⁷
- Didn't Ask⁸
- Don't Know⁹
- No Benefits¹⁰
- Prefer not Answer¹¹

17 *Total Monthly Household Income: \$ 2000.00

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 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. JANE SMITH	02/13/1995	F	DAUGHTER	WHITE BLACK HISPANIC	<input type="checkbox"/> Yes ¹ <input checked="" type="checkbox"/> No ² <input type="checkbox"/> Didn't ask ³ <input type="checkbox"/> Don't know ⁴ <input type="checkbox"/> Prefer not to answer ⁵	<input checked="" type="checkbox"/> Yes ¹ <input type="checkbox"/> No ² <input type="checkbox"/> Didn't ask ³ <input type="checkbox"/> Don't know ⁴ <input type="checkbox"/> Prefer not to answer ⁵
2. MACY SMITH	10/10/1957	F	WIFE	"	<input type="checkbox"/> Yes ¹ <input checked="" type="checkbox"/> No ² <input type="checkbox"/> Didn't ask ³ <input type="checkbox"/> Don't know ⁴ <input type="checkbox"/> Prefer not to answer ⁵	<input type="checkbox"/> Yes ¹ <input checked="" type="checkbox"/> No ² <input type="checkbox"/> Didn't ask ³ <input type="checkbox"/> Don't know ⁴ <input type="checkbox"/> Prefer not to answer ⁵
3. ROBERT SMITH	12/12/1998	M	SON	"	<input type="checkbox"/> Yes ¹ <input checked="" type="checkbox"/> No ² <input type="checkbox"/> Didn't ask ³ <input type="checkbox"/> Don't know ⁴ <input type="checkbox"/> Prefer not to answer ⁵	<input type="checkbox"/> Yes ¹ <input checked="" type="checkbox"/> No ² <input type="checkbox"/> Didn't ask ³ <input type="checkbox"/> Don't know ⁴ <input type="checkbox"/> Prefer not to answer ⁵
4.					<input type="checkbox"/> Yes ¹ <input type="checkbox"/> No ² <input type="checkbox"/> Didn't ask ³ <input type="checkbox"/> Don't know ⁴ <input type="checkbox"/> Prefer not to answer ⁵	<input type="checkbox"/> Yes ¹ <input type="checkbox"/> No ² <input type="checkbox"/> Didn't ask ³ <input type="checkbox"/> Don't know ⁴ <input type="checkbox"/> Prefer not to answer ⁵
5.					<input type="checkbox"/> Yes ¹ <input type="checkbox"/> No ² <input type="checkbox"/> Didn't ask ³ <input type="checkbox"/> Don't know ⁴ <input type="checkbox"/> Prefer not to answer ⁵	<input type="checkbox"/> Yes ¹ <input type="checkbox"/> No ² <input type="checkbox"/> Didn't ask ³ <input type="checkbox"/> Don't know ⁴ <input type="checkbox"/> Prefer not to answer ⁵
6.					<input type="checkbox"/> Yes ¹ <input type="checkbox"/> No ² <input type="checkbox"/> Didn't ask ³ <input type="checkbox"/> Don't know ⁴ <input type="checkbox"/> Prefer not to answer ⁵	<input type="checkbox"/> Yes ¹ <input type="checkbox"/> No ² <input type="checkbox"/> Didn't ask ³ <input type="checkbox"/> Don't know ⁴ <input type="checkbox"/> Prefer not to answer ⁵
7.					<input type="checkbox"/> Yes ¹ <input type="checkbox"/> No ² <input type="checkbox"/> Didn't ask ³ <input type="checkbox"/> Don't know ⁴ <input type="checkbox"/> Prefer not to answer ⁵	<input type="checkbox"/> Yes ¹ <input type="checkbox"/> No ² <input type="checkbox"/> Didn't ask ³ <input type="checkbox"/> Don't know ⁴ <input type="checkbox"/> Prefer not to answer ⁵