



Blue Ridge Area
FOOD BANK
Everyone should have enough to eat.

A member of
FEEDING AMERICA

Link2Feed General Intake Form

General Information
Date of First Food Bank Visit, if known: _____ * Last Name: _____ * First Name: _____ * Middle Initial: _____ * Date of Birth: ____/____/____ Is DOB Estimated? <input type="checkbox"/> Y <input type="checkbox"/> N * Address: Street: _____ Street (Line 2): _____ * City: _____ * State: _____ * Zip Code: _____ * County: _____ <input type="checkbox"/> No fixed address * Housing Type: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> With Family/Friends <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Unhoused <input type="checkbox"/> Undisclosed <input type="checkbox"/> Public Housing <input type="checkbox"/> Evacuee <input type="checkbox"/> Youth Home/Shelter <input type="checkbox"/> Other
Household Monthly Income and Benefits
* Income – Provide monthly income amount for ENTIRE HOUSEHOLD: <input type="checkbox"/> No Income TOTAL MONTHLY INCOME \$ _____ * Does anyone from the household current receive SNAP (Food Stamps)? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know <input type="checkbox"/> Prefer not to Answer <input type="checkbox"/> Didn't Ask * Qualifier – Does EVERYONE in your household receive any of the following assistance? <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) – “ Food Stamps ” <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Medicaid
This section to be filled out by pantry volunteer/staff <input type="checkbox"/> Check if eligible for TEFAP
Signed by applicant or Proxy **USDA is an equal opportunity provider, employer, and lender** Sign: <u>signatures are currently waived by USDA due to COVID</u> Date: _____
* Gender Identity: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> None of these <input type="checkbox"/> Prefer Not to Answer <input type="checkbox"/> Didn't Ask
* Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-Law <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Prefer Not to Answer <input type="checkbox"/> Don't Know <input type="checkbox"/> Didn't Ask

Email Address(es): _____
 Phone Number(s): _____

Is English your primary language? Y N If no, primary language: _____

*** Referred By:**
 Word of Mouth Church or nonprofit Social Services Online School None

*** Ethnicity:**
 White / Anglo Asian N/A
 Black / African American Alaska Native / Aleut / Eskimo Other
 Hispanic / Latino Middle Eastern / North African Undisclosed
 American Indian / Native American Pacific Islander

*** Self-Identifies As:**
 Disability Veteran None Other Don't Know Prefer Not to Answer Didn't Ask

Other Household Members

First Name: _____ Last Name: _____ Middle initial: _____

DOB: _____ Gender: _____ Relationship: _____ Race/ethnicity: same as head of household or _____

First Name: _____ Last Name: _____ Middle initial: _____

DOB: _____ Gender: _____ Relationship: _____ Race/ethnicity: same as head of household or _____

First Name: _____ Last Name: _____ Middle initial: _____

DOB: _____ Gender: _____ Relationship: _____ Race/ethnicity: same as head of household or _____

First Name: _____ Last Name: _____ Middle initial: _____

DOB: _____ Gender: _____ Relationship: _____ Race/ethnicity: same as head of household or _____

First Name: _____ Last Name: _____ Middle initial: _____

DOB: _____ Gender: _____ Relationship: _____ Race/ethnicity: same as head of household or _____

First Name: _____ Last Name: _____ Middle initial: _____

DOB: _____ Gender: _____ Relationship: _____ Race/ethnicity: same as head of household or _____