



Client Intake Form

Welcome to the Food Bank of Northern Nevada! In order to better help you and your family we ask that you take a few minutes to complete this short form. **Your response IN NO WAY will affect your receiving food today or in the future.** We ask these questions as a way to get to know you and to understand how we can better meet the needs of our community. If you have any questions or concerns, please do not hesitate to ask any food bank staff member or volunteer. *Thank you and have a great day!*

Name: _____ Email: _____ Site name: _____

Phone: () _____ Date of Birth: _____ Gender: Male/Female

Address: _____

	Apt #	City	State	Zip Code
Ethnicity (please mark one)	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino		
Race (mark all that apply)	<input type="checkbox"/> White	<input type="checkbox"/> American Indian or Alaska Native		
	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American		
	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander			

Please list the names, birthdates, genders, ethnicity and race of all the people living in your household:

Full Name of ALL members- Please don't include yourself	Date of Birth	Gender	Ethnicity/Race

- What is your household's total monthly income? (Include income from all members of the household and all types of income: wages, social security, disability, etc.): \$ _____ per month.
- Within the past 12 months have you **worried** that your food would run out before you got money to buy more?
 Yes No
- Within the past 12 months **did** the food that you bought just not last and you **didn't** have money to get more?
 Yes No
- Have you ever applied for SNAP (Food Stamps) benefits?
 Yes No
- If you have ever applied for Food Stamps, are you **currently receiving** benefits?
 Yes No
- Are you a Military Veteran or active Military?
 Yes No
- Do you currently have health coverage?
 Yes, whole family No myself kids only Spouse only
- What type of health coverage do ALL household members have? **(Check all that apply)**
 Private Insurance Medicare/Medicaid Veteran's Benefits Indian Health Services Disability
- Do you or anyone in your household receive food assistance from any of these programs? **(Check all that apply)**
 CSFP (Commodity Supplemental Food Program/Senior Food Box) Other Food Pantries Soup Kitchen
 School Breakfast/Lunch Summer Meal Program WIC (Women's, Infant's & Children's Program)
- How has COVID-19 impacted your food needs?
 Not at all Somewhat A lot

"I understand that my basic, identifying and non-confidential service transactions/information will be shared in an electronic shared case database administrated by the Food Bank of Northern Nevada called "Oasis Insight".

Signature _____

Date _____