



# 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
<b>Ethnicity (please mark one)</b>	_____ Hispanic or Latino	_____ Not Hispanic or Latino		
<b>Race (mark all that apply)</b>	_____ White	_____ American Indian or Alaska Native		
	_____ Asian	_____ Black or African American		
	_____ 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- <b>Please don't include yourself</b>	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 \_\_\_\_\_



# Pickup Authorization

This form is used to authorize others to pick up food from The Food Bank of Northern Nevada's Mobile Harvest Program. This form is to be filled out in addition to the client intake form and will need to be filled out once per year.

This form is necessary when a recipient becomes unable to pick up food due to a condition, or inability to pick up food. The recipient should complete this form including the authorized representative (pick up person) area.

**Reminder:** An authorized Representative can pick up for themselves and 1 additional family per distribution.

Recipient Name		Date of Birth	
Address	City	State	Zip

Authorized Representative Name	Date of Birth	Address	City	State	Zip
1					
2					
3					

\_\_\_\_\_  
Recipient Signature

\_\_\_\_\_  
Date