



# 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: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: Male/Female

Address: \_\_\_\_\_

<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
	_____ Pacific Islander or Native Hawaiian	

**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

1. 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.
2. Within the past 12 months have you **worried** that your food would run out before you got money to buy more?  
 Yes     No
3. 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
4. Have you or anyone in the household ever applied for SNAP (Food Stamps) benefits?  
 Yes     No
5. If you or anyone in the household has ever applied for Food Stamps, are they **currently receiving** benefits?  
 Yes     No
6. Is anyone in the household a Military Veteran or active Military?  
 Yes     No
7. Does anyone in the household currently have health coverage?  
 Yes, whole family     No     myself     kids only     Spouse only
8. 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
9. 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)
10. 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 \_\_\_\_\_

Site name: \_\_\_\_\_