

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: \_\_\_\_\_

	Apt #	City	State
<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	

Zip Code \_\_\_\_\_

**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	Hispanic (Y/N)?	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     Other household member(s)
8. What type of health coverage do the 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)*  
 Senior Nutrition Program(s)     Other Food Pantries     Soup Kitchen     School Breakfast/Lunch  
 Kids Summer Meals     WIC (Women's, Infant's & Children's Program)     Tribal Commodities
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: \_\_\_\_\_