

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*: _____ Gender: Male/Female

Phone: () _____ Phone Type: Cell* - Landline - Message Date of Birth: _____
 *Food Bank of Northern Nevada may use this information to contact you regarding important program updates. MM/DD/YYYY

Address: _____
 Apt # _____ City _____ State _____ Zip Code _____

Ethnicity (please mark one) _____ Hispanic or Latino _____ Not Hispanic or Latino

Race (mark all that apply) _____ 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 Please don't include yourself	Date of Birth MM/DD/YYYY	Gender	Hispanic (Y/N)?	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 or anyone in the household ever applied for SNAP (Food Stamps) benefits?
 Yes No
- If you or anyone in the household has ever applied for Food Stamps, are they **currently receiving** benefits?
 Yes No
- Is anyone in the household a Military Veteran or active Military?
 Yes No
- Does anyone in the household currently have health coverage?
 Yes, whole family No myself kids only Spouse only Other household member(s)
- 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
- 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
- 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: _____

County: _____