



Intake Form

Welcome to the Food Bank of Northern Nevada (FBNN)! To better help you and your family, we ask that you take a few minutes to complete this short form. **Your response will IN NO WAY impact your ability to receive 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!*

*TEFAP-Only recipients are only required to complete the * items. FBNN is an equal opportunity provider.*

Name*: _____ Email**: _____ Gender: Male/Female
Other/Decline

Phone: () _____ Phone Type: Cell** - Landline - Message Date of Birth: _____

Military Active/Veteran Yes No **May be used to contact you regarding MM/DD/YYYY
important program updates.

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 in your household*:

Full Name of ALL members* Please don't include yourself	Date of Birth MM/DD/YYYY	Gender	Military Active/Vet	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.

*My income is at or below the income listed for the number of people in my household** Yes No

*I am eligible to receive food from TEFAP because my household participates in SNAP, WIC, Free and Reduced Lunch Program (school meals), TANF, or SSI** Yes No

Your input helps us improve advocacy and services and ensure we are doing our best to help all neighbors:

1. Within the past 12 months have you worried that your food would run out before you got money to buy more?

Yes No

2. 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

3. Within the past 12 months have you or anyone in the household applied for SNAP (Food Stamps) benefits?

Yes, and it was denied Yes, and I am currently receiving benefits No

4. Are you aware the Food Bank of Northern Nevada helps with SNAP applications?

Yes No

5. Does anyone in the household currently have health coverage?

Yes, whole family No Myself Kids only Spouse only Other household member(s)

6. 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

7. What are your household's favorite kinds of foods? _____

8. What do you feel causes the need for food assistance? (Check all that apply) Cost of Housing Transportation

Childcare Structural Racism Low Wages Other _____

9. Do you or anyone in your household receive food assistance from any of these programs? (Check all that apply)

Other Food Pantries Free and Reduced Lunch Program Kids Cafe Summer Meals Kids Cafe Dinner Program

Produce on Wheels (POW) Senior Nutrition Wellness Program/CSFP Mobile Harvest

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 Insights.

Signature _____

Date _____

Site/County _____