

Welcome to the Food Bank of Northern Nevada! 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! FBNN is an equal opportunity provider.*

Name: _____ Email: _____ Date of Birth: _____
 Military Active/Veteran ☐ Yes ☐ No MM/DD/YYYY

Which most accurately describes you? (Circle one) Female Male Non-binary I prefer not to say I prefer: _____

*Phone: () _____ Phone Type: Cell - Landline - Message

*May be used to contact you regarding 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)

<input type="checkbox"/> White	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Not Listed	<input type="checkbox"/> Pacific Islander or Native Hawaiian

Please list the names, birth dates, 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.

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

- Within the past 12 months have you **worried** that your food would run out before you received 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
- 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 ☐ No, currently receiving FDIIR
- Are you aware the Food Bank of Northern Nevada helps with SNAP applications?
☐ 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
- What are your household's favorite kinds of foods? _____
- What do you feel causes the need for food assistance? **(Check all that apply)** Cost of ☐ Housing ☐ Transportation
☐ Childcare ☐ Structural Racism (When rules and systems unfairly impact people because of their race.)
☐ Low Wages ☐ Other _____
- Do you or anyone in your household receive food assistance from any of these programs? **(Check all that apply)**
☐ Other Food Pantries ☐ School Breakfast/Lunch ☐ Kids Summer Meals ☐ Kids Cafe
☐ POW (Produce on Wheels) ☐ 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 Insight."

Signature _____ Date _____ Site/County _____