

LINK2FEED INTAKE FORM

WELCOME! THIS FORM WILL ENROLL YOU IN THE LINK2FEED CLIENT INTAKE SYSTEM AND WILL HELP MAKE YOUR FUTURE VISITS FASTER. WE PROMISE TO KEEP YOUR INFORMATION SECURE AND PROTECTED.

Client Last Name: _____ First Name: _____

Date of Birth (MM/DD/YYYY): _____

Gender Identity:	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Transgender	<input type="checkbox"/> Other
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Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Common-Law	<input type="checkbox"/> Divorced
	<input type="checkbox"/> Separated	<input type="checkbox"/> Widowed		

Street Address: _____ ☐ No Fixed Address

City: _____ State: _____ Zip Code: _____

Housing Type:	<input type="checkbox"/> Emergency Shelter / Mission / Transitional	<input type="checkbox"/> Evacuee	<input type="checkbox"/> Own Home	<input type="checkbox"/> Private Rental
	<input type="checkbox"/> Public (Social) Housing	<input type="checkbox"/> Section 8	<input type="checkbox"/> Unhoused	<input type="checkbox"/> With Family/Friends
	<input type="checkbox"/> Youth Home/ Shelter			

Phone Number: _____ How did you hear about this pantry? _____

Email Address: _____

Languages Spoken at Home: _____

Ethnicity:	<input type="checkbox"/> White/Anglo	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> American Indian/ Native American
	<input type="checkbox"/> Asian	<input type="checkbox"/> Alaska Native/ Aleut/Eskimo	<input type="checkbox"/> Middle-Eastern/ North African	<input type="checkbox"/> Pacific Islander
	<input type="checkbox"/> Other:			

Do you identify as:	<input type="checkbox"/> Homebound	<input type="checkbox"/> Disability	<input type="checkbox"/> Veteran	<input type="checkbox"/> None
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Highest Level of Education:	<input type="checkbox"/> Grades 0-8	<input type="checkbox"/> Grades 9-11	<input type="checkbox"/> High School Diploma	<input type="checkbox"/> GED
	<input type="checkbox"/> Post-Secondary (some)	<input type="checkbox"/> Trade school / Professional Accreditation	<input type="checkbox"/> 2 Year Degree	<input type="checkbox"/> 4 Year Degree
	<input type="checkbox"/> Master's Degree		<input type="checkbox"/> PhD	

Employment type:	<input type="checkbox"/> Disability Assistance	<input type="checkbox"/> Full Time Employment	<input type="checkbox"/> Part Time Employment	<input type="checkbox"/> Post-Secondary Student
	<input type="checkbox"/> Retired	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Self- Employed	<input type="checkbox"/> Social Assistance (Supplemental Security Income-SSI)
	<input type="checkbox"/> Social Security	<input type="checkbox"/> Unemployment	<input type="checkbox"/> Other	<input type="checkbox"/> None

Monthly Income:	\$ _____	<input type="checkbox"/> None		
Do you receive SNAP (Supplemental Nutrition Assistance Program, formerly known as Food Stamps)?		<input type="checkbox"/> Yes <input style="margin-left: 100px;" type="checkbox"/> No		
Other Social Programs Received:	<input type="checkbox"/> Aid to Needy Disabled (AND)	<input type="checkbox"/> Aid to the Blind (AB)	<input type="checkbox"/> Commodity Supplemental Food Program (CSFP)	<input type="checkbox"/> Low-Income Energy Assistance program (LEAP)
	<input type="checkbox"/> Old Age Pension (OAP)	<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> Temporary Assistance to Needy Families (TANF/POWER)	

Household Members

Please add all additional household member information so that we may account for seniors and children.

Last Name	First Name	Date of Birth	Relationship to Client	Ethnicity	Veteran? (Y/N)	Disability? (Y/N)	Homebound? (Y/N)

Dietary Considerations	Avoids:	<input type="checkbox"/> Eggs	<input type="checkbox"/> Gluten/Wheat	<input type="checkbox"/> Milk	<input type="checkbox"/> Peanuts	<input type="checkbox"/> Pork
		<input type="checkbox"/> Shellfish/Seafood	<input type="checkbox"/> Soy	<input type="checkbox"/> Tree Nuts		
	Dietary Concerns:	<input type="checkbox"/> Diabetic	<input type="checkbox"/> Low Sodium	<input type="checkbox"/> Vegan	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Pescatarian
	Religious Observance:	<input type="checkbox"/> Halal		<input type="checkbox"/> Kosher		
	Barriers:	<input type="checkbox"/> No or Limited Cooking Equipment		<input type="checkbox"/> No Refrigeration		
	Other:					

Find additional food assistance at foodbankrockies.org/food
 If you would like more information on SNAP, email fbrsnap@foodbankrockies.org or call 303-375-5851. Hablamos español.