

**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): \_\_\_\_\_

<b>Gender Identity:</b>	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Transgender	<input type="checkbox"/> Other
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<b>Marital Status:</b>	<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: \_\_\_\_\_

<b>Housing Type:</b>	<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? \_\_\_\_\_

Languages Spoken at Home: \_\_\_\_\_

<b>Ethnicity:</b>	<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:			

<b>Do you identify as:</b>	<input type="checkbox"/> Homebound	<input type="checkbox"/> Disability	<input type="checkbox"/> Veteran	<input type="checkbox"/> None
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<b>Highest Level of Education:</b>	<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	

<b>Employment type:</b>	<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



<b>Monthly Income:</b>	\$ _____	<input type="checkbox"/> None		
<b>Do you receive SNAP (Supplemental Nutrition Assistance Program, formerly known as Food Stamps)?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<b>Other Social Programs Received:</b>	<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)

<b>Dietary Considerations</b>	<b>Avoids:</b>	<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		
	<b>Dietary Concerns:</b>	<input type="checkbox"/> Diabetic	<input type="checkbox"/> Low Sodium	<input type="checkbox"/> Vegan	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Pescatarian
	<b>Religious Observance:</b>	<input type="checkbox"/> Halal		<input type="checkbox"/> Kosher		
	<b>Barriers:</b>	<input type="checkbox"/> No or Limited Cooking Equipment		<input type="checkbox"/> No Refrigeration		
<b>Other:</b>						

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