

## FILLABLE INTAKE FORM

Please answer all questions so that we may serve you better. Your personally identifying information will not be shared with any other outside agency or entity other than the Good Shepherd Food Bank and its partner agencies. This information will not prevent you from receiving service.

I understand Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ABOUT YOU

\* Last Name: \_\_\_\_\_ \* First Name: \_\_\_\_\_

\* Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy) Estimated Birthdate?  YES

**\* Gender:**

Male     Female     Transgender     Non-Binary/Third Gender     Rather Not Say

\* Address: \_\_\_\_\_ Address (Line 2): \_\_\_\_\_

\* City: \_\_\_\_\_ \* County: \_\_\_\_\_ \* State: \_\_\_\_\_ \* Zip Code: \_\_\_\_\_

No Fixed Address

**\* Housing Type:**

- |   |  |
|---|--|
| <input type="checkbox"/> Emergency Shelter/Mission/Transitional | <input type="checkbox"/> With Family/Friends         |
| <input type="checkbox"/> Youth Home Shelter                     | <input type="checkbox"/> Own Home                    |
| <input type="checkbox"/> Private Rental                         | <input type="checkbox"/> Unhoused                    |
| <input type="checkbox"/> Evacuee                                | <input type="checkbox"/> Section 8 (Voucher) Housing |
| <input type="checkbox"/> Public (Social) Housing                | <input type="checkbox"/> Other                       |
| <input type="checkbox"/> Senior Subsidized Housing              | <input type="checkbox"/> Rather Not Say              |

Email Address(es): \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

**Language(s) Spoken:**

- |                                  |                                  |                                     |  |
|----------------------------------|----------------------------------|-------------------------------------|--|
| <input type="checkbox"/> English | <input type="checkbox"/> Spanish | <input type="checkbox"/> Arabic     | <input type="checkbox"/> Other (Please Specify): |
| <input type="checkbox"/> Somali  | <input type="checkbox"/> French  | <input type="checkbox"/> Portuguese | _____  |

## ABOUT YOU - Continued

**\* Did Any of the Following Refer You:**

- |  |   |
|--|---|
| <input type="checkbox"/> Benefits/Social Service Assistance<br><input type="checkbox"/> Child Care Support<br><input type="checkbox"/> Client/Friend/Family<br><input type="checkbox"/> Community Support Organization<br><input type="checkbox"/> Emergency Shelter<br><input type="checkbox"/> Employment Support/Education<br><input type="checkbox"/> Faith – Based Organization<br><input type="checkbox"/> Financial Support/Education<br><input type="checkbox"/> <b>Health Care Organization</b><br><input type="checkbox"/> Housing Support | <input type="checkbox"/> Immigration Services<br><input type="checkbox"/> Legal Support<br><input type="checkbox"/> Media/News/Outreach<br><input type="checkbox"/> Mental health Support/Education<br><input type="checkbox"/> Nutrition Education<br><input type="checkbox"/> Other Food Bank/Pantry<br><input type="checkbox"/> School Program<br><input type="checkbox"/> Social Worker<br><input type="checkbox"/> Utilities Support<br><input type="checkbox"/> None<br><input type="checkbox"/> Other: _____ |
|--|---|

**\* Ethnicity:**

- |   |   |
|---|---|
| <input type="checkbox"/> White/Anglo<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Middle Eastern/North African<br><input type="checkbox"/> American Indian/Native American | <input type="checkbox"/> Black/African American<br><input type="checkbox"/> Hispanic/Latino(a)<br><input type="checkbox"/> Prefer Not to Say<br><input type="checkbox"/> Other<br><input type="checkbox"/> None |
|---|---|

**\* Do You Self – Identify As:**

- |  |  |
|--|--|
| <input type="checkbox"/> Breastfeeding<br><input type="checkbox"/> Postpartum<br><input type="checkbox"/> Veteran<br><input type="checkbox"/> Disability<br><input type="checkbox"/> Evacuee | <input type="checkbox"/> Pregnant<br><input type="checkbox"/> Refugee<br><input type="checkbox"/> History of Homelessness<br><input type="checkbox"/> Other<br><input type="checkbox"/> Prefer Not to Say<br><input type="checkbox"/> None |
|--|--|

**\* Highest Level of Education Completed:**

- Grades 0-8   
  Grades 9-11   
  High School Diploma   
  GED   
  Some College   
  2-Year Degree  
 Trade School/Professional   
  4-Year Degree   
  Master’s Degree   
  PhD   
  Rather Not Say

**\* Employment Type:**

- Full-Time   
  Part-Time   
  Not Currently Employed, but Seeking   
  Not Currently Employed  
 Post-Secondary Student   
  Retired   
  Rather Not Say   
  Other   
  None

If you have additional members in your household, please include their information on Page 3. If you do not have additional members in your household, please proceed to Page 4.

**\*\*YOUR HOUSEHOLD MEMBERS\*\***

*(Do not include yourself)*

If you have more than TWO (2) additional members in your household, please let a staff member know.

\* **Last Name:** \_\_\_\_\_ \* **First Name:** \_\_\_\_\_

\* **Date of Birth:** \_\_\_ / \_\_\_ / \_\_\_\_ (mm/dd/yyyy) Estimated Birthdate?  YES

\* **Gender:**

Male  Female  Transgendered  Non Binary/Third Gender  Rather Not Say

\* **Relationship to Me:**

Spouse  Sibling  Child  Parent  Grandchild  Grandparent  Roommate  
 Boyfriend/Girlfriend  Friend  Partner  Ward  Prefer Not to Say  Other

\* **Ethnicity:**

White/Anglo  Asian  Middle Eastern/North African  American Indian/Native American  
 Black/African American  Hispanic/Latino(a)  Prefer Not to Say  Other  None

\* **Do Any of the Following Apply to This Person:**

Breastfeeding  Postpartum  Veteran  Disability  History of Homelessness  
 Evacuee  Pregnant  Refugee  Prefer Not to Say  Other  None

\* **Last Name:** \_\_\_\_\_ \* **First Name:** \_\_\_\_\_

\* **Date of Birth:** \_\_\_ / \_\_\_ / \_\_\_\_ (mm/dd/yyyy) Estimated Birthdate?  YES

\* **Gender:**

Male  Female  Transgendered  Non Binary/Third Gender  Rather Not Say

\* **Relationship to Me:**

Spouse  Sibling  Child  Parent  Grandchild  Grandparent  Roommate  
 Boyfriend/Girlfriend  Friend  Partner  Ward  Prefer Not to Say  Other

\* **Ethnicity:**

White/Anglo  Asian  Middle Eastern/North African  American Indian/Native American  
 Black/African American  Hispanic/Latino(a)  Prefer Not to Say  Other  None

\* **Do Any of the Following Apply to This Person:**

Breastfeeding  Postpartum  Veteran  Disability  History of Homelessness  
 Evacuee  Pregnant  Refugee  Prefer Not to Say  Other  None

**YOUR MONTHLY INCOME**

**\* Your Monthly Income Sources and Amounts:**

*Include as many income amounts as needed.  
Please **select one(1)** as your **primary** income source.*

- ↓
- \$ \_\_\_\_\_ Full – Time Employment
  - \$ \_\_\_\_\_ Part – Time Employment
  - \$ \_\_\_\_\_ Temporary/Seasonal Employment
  - \$ \_\_\_\_\_ Pension
  - \$ \_\_\_\_\_ Disability
  - \$ \_\_\_\_\_ Pension
  - \$ \_\_\_\_\_ Supplemental Security Income (SSI)
  - \$ \_\_\_\_\_ Social Security Disability Income(SSDI)
  - \$ \_\_\_\_\_ Social Security Benefits
  - \$ \_\_\_\_\_ Volunteer
  - \$ \_\_\_\_\_ Other: \_\_\_\_\_
  - No Income       Prefer not to Say

**Your Social Services Received:**

- Elderly Low Cost Drug Program
- Elderly Tax and Rent Refund
- General Assistance
- LIHEAP
- Medicaid/Mainecare
- Medicare
- School Meals
- SNAP - formerly food stamps
- SSDI
- SSI
- TANF
- Supplemental Assistance for Women, Infants and Children (WIC)
- Vets Aid
- Other
- None

**HOUSEHOLD MEMBER INCOME**

If you have more than ONE (1) additional household member, please let a staff member know.

**Household Member Name:** \_\_\_\_\_

**Monthly Income Sources and Amounts:**

*Enter as many income amounts as needed.  
Please **select one(1)** as their **primary** income source.*

- ↓
- \$ \_\_\_\_\_ Full – Time Employment
  - \$ \_\_\_\_\_ Part – Time Employment
  - \$ \_\_\_\_\_ Temporary/Seasonal Employment
  - \$ \_\_\_\_\_ Pension
  - \$ \_\_\_\_\_ Disability
  - \$ \_\_\_\_\_ Pension
  - \$ \_\_\_\_\_ Supplemental Security Income (SSI)
  - \$ \_\_\_\_\_ Social Security Disability Income(SSDI)
  - \$ \_\_\_\_\_ Social Security Benefits
  - \$ \_\_\_\_\_ Volunteer
  - \$ \_\_\_\_\_ Other: \_\_\_\_\_
  - No Income       Prefer not to Say

**Social Services Received:**

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- Supplemental Assistance for Women, Infants and Children (WIC)
- Vets Aid
- Other
- None

**DIETARY CONSIDERATIONS**

**Should We Be Aware of Any of the Following:**

- Diabetic       Egg       Fruit       Gluten       Milk       Sesame       Soy
- MSG       Peanut       Pork       Seafood       Sulphite       Tree Nuts
- Vegan       Vegetarian       Wheat       Other (Specify): \_\_\_\_\_

**NOTES**

*(Include any information you would like us to know. Example: "We are looking for diapers.")*

Empty space for notes.

**Thank you!**

**Please return your completed intake form to a staff member.**