

## PAPER INTAKE FORM – PLEASE PRINT CLEARLY

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) Is this an estimated birthdate?  YES

**\* Gender:**

Male  Female  Transgender  Non-Binary/Third Gender/Other  Prefer Not to 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"/> Prefer Not to Say           |
| <input type="checkbox"/> Evacuee                                | <input type="checkbox"/> Unhoused                    |
| <input type="checkbox"/> Other                                  | <input type="checkbox"/> With Family/Friends         |
| <input type="checkbox"/> Own Home                               | <input type="checkbox"/> Youth Home/Shelter          |
| <input type="checkbox"/> Private Rental                         | <input type="checkbox"/> Section 8 (Voucher) Housing |
| <input type="checkbox"/> Public (Social) Housing                | <input type="checkbox"/> Senior Subsidized Housing   |

Email Address(es):  Personal  Work  Other

Phone Number(s): Please select one (1) as your primary phone number

Home: \_\_\_\_\_  Cell: \_\_\_\_\_  Work: \_\_\_\_\_

**Language(s) Spoken:**

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

## ABOUT YOU - Continued

**\* How did you learn about us:**

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

**\* Do You Self – Identify As:**

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

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

- |  |  |  |                              |  |
|--|--|--|------------------------------|--|
| <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           | <input type="checkbox"/> Prefer Not to Say   |                              |  |

**\* Employment Type:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Not Currently Employed, but Seeking | <input type="checkbox"/> Not Currently Employed | <input type="checkbox"/> Post-Secondary Student |
| <input type="checkbox"/> Full-Time                           | <input type="checkbox"/> Part-Time              | <input type="checkbox"/> None                   |
| <input type="checkbox"/> Prefer Not to Say                   | <input type="checkbox"/> Other                  | <input type="checkbox"/> Retired                |

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) Is this an estimated birthdate?  YES

\* **Gender:**

Male  Female  Transgendered  Non Binary/Third Gender/Other  Prefer Not to Say

\* **Relationship to Me:**

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

\* **Ethnicity:**

White/Anglo  Black/African  Hispanic/Latino(a)  American Indian/Native American  Asian  
 Alaska Native/Aleut/Eskimo  Middle-Eastern/North-African  Pacific Islander  
 Prefer Not to Say  Other  None

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

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

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

\* **Date of Birth:** \_\_\_ / \_\_\_ / \_\_\_\_ (mm/dd/yyyy) Is this an estimated birthdate?  YES

\* **Gender:**

Male  Female  Transgendered  Non Binary/Third Gender/Other  Prefer Not to Say

\* **Relationship to Me:**

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

\* **Ethnicity:**

White/Anglo  Black/African  Hispanic/Latino(a)  American Indian/Native American  Asian  
 Alaska Native/Aleut/Eskimo  Middle-Eastern/North-African  Pacific Islander  
 Prefer Not to Say  Other  None

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

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

**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
- \$ \_\_\_\_\_ 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
- \$ \_\_\_\_\_ Supplemental Security Income (SSI)
- \$ \_\_\_\_\_ Social Security Disability Income(SSDI)
- \$ \_\_\_\_\_ Social Security Benefits
- \$ \_\_\_\_\_ Volunteer
- \$ \_\_\_\_\_ Other: \_\_\_\_\_
- No Income
- Prefer not to Say

**Social Services Received:**

- Elderly Low Cost Drug Program
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- TANF
- 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

*Please include any information you would like us to know so that we may serve you better, such as detailing dietary considerations and allergies or requesting specific products.*

*Example: "We are looking for diapers" or "Our child needs gluten-free snacks for school."*