



**ONE FORM PER HOUSEHOLD**

**Date:** \_\_\_\_\_

**Full name:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zipcode:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Circle preferred communication:**      Email      Text      Call

**Circle Gender:**      Male      Female      Transgender      Prefer Not to Answer

**Circle Race:**      White      Black      Hispanic      American/ Alaskan Native  
                          Asian      Native Hawaiian/ Pacific Islander      Other

**Household Members:**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

**Write additional household members and birthdates on back.**

**Preferred Language:** \_\_\_\_\_

**Does anyone in your household receive SNAP (food stamps)?**      Yes      No

**Circle the government programs anyone in your household receives:**

Child Care Assistance	Free/ reduced price school meals	Supplemental Security Income (SSI)
Earned Income Credit	Medicaid	TANF
Low Cost Drugs	Disability	WIC
Social Security	Senior Boxes	Unemployment
Children's Health Insurance Program	Headstart	Food Pantry
None	Medicare	Veterans Assistance



**Does anyone in your household have a disability:** Yes No Not Sure

**Has anyone in your household served in the military?** Yes No In the past Not Sure

**Does anyone in your household have dietary needs?** Yes \_\_\_\_\_ No

**Within the past 30 days we were worried whether our food would run out before we got money to buy more:** Often true Sometimes true Never true

**Within the past 30 days the food we bought just didn't last and we didn't have money to buy more:** Often true Sometimes true Never true

**Additional notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_