

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. This information will not prevent you from receiving service.

I understand Signature: _____ Today's Date: _____

ABOUT YOU

* Last Name: _____ * First Name: _____

* Date of Birth: ___/___/____ (mm/dd/yyyy) Estimated Birthdate? YES NO

* Address: _____ Address (Line 2): _____

* City: _____ * County: _____ * State: _____ * Zip Code: _____

No Fixed Address

* Gender:

Male Female Transgendered Rather Not Say

* Housing Type:

Emergency Shelter / Mission / Transitional Youth Home Shelter Private Rental

Evacuee Public (Social) Housing Other With Family/Friends

Own Home Unhoused Rather Not Say

Email Address(es): _____

Phone Number(s): _____

Language(s) Spoken:

English Spanish French Arabic

Somali Other: _____

ABOUT YOU - Continued

*** Did Any of the Following Refer You?**

- Benefits/Social Service Assistance Child Care Support Client/Friend/Family
 Community Support Organization Emergency Shelter Employment Support/Education
 Faith – Based Organization Financial Support/Education Health Care Organization
 Housing Support Immigration Services Media/News/Outreach
 Legal Support Social Worker Utilities Support Other Food Bank
 Other: _____

*** Ethnicity:**

- White/Anglo Asian Middle Eastern/North African
 Black/African American Hispanic/Latino(a) American Indian/Native American
 Other: _____ Prefer Not to Say

*** Self – Identifies As:**

- Breastfeeding Postpartum Veteran Disability
 Evacuee Pregnant Refugee History of Homelessness
 Other: _____ Prefer Not to Say

*** Highest Education – Level Completed:**

- Grades 0-8 Grades 9-11 High School Diploma GED
 Post-Secondary Education (some) Trade School/Accreditation 2 Year Degree
 4 Year Degree Master’s Degree PhD Prefer Not to Say

*** Employment Type:**

- Post-Secondary Student Full-Time Part-Time
 Not Currently Employed Retired Other

MONTHLY INCOME

* Your Monthly Income Sources:

- Full – Time Employment Amount: \$ _____
- Part – Time Employment Amount: \$ _____
- Social Security
- Disability
- No Income
- Other: _____

* 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: _____

DIETARY CONSIDERATIONS

Do You Need Us to Know any of the Following:

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

NOTES

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

YOUR HOUSEHOLD MEMBERS

(Do not include yourself)

* Last Name: _____ * First Name: _____

* Date of Birth: __/__/__(mm/dd/yyyy) Estimated Birthdate? YES NO

*** Gender:**

Male Female Transgendered Rather Not Say

*** Ethnicity:**

White/Anglo Asian Middle Eastern/North African American Indian/Native American
 Black/African American Hispanic/Latino(a) Prefer Not to Say Other: _____

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

Breastfeeding Postpartum Veteran Disability History of Homelessness
 Evacuee Pregnant Refugee Prefer Not to Say Other: _____

*** Relationship to Me:**

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

* Last Name: _____ * First Name: _____

* Date of Birth: __/__/__(mm/dd/yyyy) Estimated Birthdate? YES NO

*** Gender:**

Male Female Transgendered Rather Not Say

*** Ethnicity:**

White/Anglo Asian Middle Eastern/North African American Indian/Native American
 Black/African American Hispanic/Latino(a) Prefer Not to Say Other: _____

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

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 Evacuee Pregnant Refugee Prefer Not to Say Other: _____

*** Relationship to Me:**

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