



Welcome to our Network

What is this paperwork?

- We are part of a network of not-for-profit food distribution programs across the state providing food in our communities free of cost.
- We use a check-in program called Link2Feed.
- The information we enter into Link2Feed helps our pantry and our network apply for grant funding, improve our programs and advocate for other resources that may be useful.
- Any information you share is confidential and kept private within our network and will not be used to change the services you receive here or from other programs.
- We are not a government program. No personal information will be shared with the government or any other outside organizations.
- Because this program is shared across our network, you will only need to provide your information one-time at any of our partner locations using Link2Feed.
- If you receive a Link2Feed card, you can use it at any locations using Link2Feed.
- Being entered into Link2Feed is optional and not required to receive food.
- If you have any questions, would like to go through the form with someone, or need help filling it out this form please ask a staff person or volunteer onsite. We are happy to help.

How to fill it out:

- The questions on the first page (front and back) are for you. Don't forget the back side.
- The second page (front and back) is for additional household members you share food with (spouse, kids, other relatives, etc). You can fit three people per side. If your household is bigger than 7 people please ask for an extra page.
- The most important information to provide is the first name, last name, and date of birth for each person that you share this food with so that we know many people our services are reaching. Their information is also kept confidential and private and will not be used to restrict services for them.
- If you don't want to answer any of the questions, you can mark the check-box labeled "undisclosed". If you do not see the "undisclosed" check-box option for a question please ask a staff person or volunteer for other options.
- If you are able, please print clearly and in English.

When you're done:

- Give this form to a staff person or volunteer for review. They will make sure they can read the answers provided and that there is an answer marked in each box.

Thank you so much for your help!

Information collected will only be used within the Oregon Food Bank Network of pantries and remain anonymous to all outside parties. This information will not be shared with the government or be used to restrict the services you receive. We are an equal opportunity provider. No services will be denied if you choose not to fill out this form. Thank you for your help.

a. When did you first access food assistance? (Estimation ok): Date: _____			
b. Last name: _____		c. First name: _____	
d. Date of Birth: ____/____/____ (mm/dd/yyyy)		e. Is this birth date estimated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
f. Gender:	<input type="checkbox"/> Female ₀₂	<input type="checkbox"/> Male ₀₁	<input type="checkbox"/> Transgender ₀₃ <input type="checkbox"/> Other ₀₅ <input type="checkbox"/> Undisclosed ₀₄
g. Marital status:	<input type="checkbox"/> Single ₀₁	<input type="checkbox"/> Common-Law ₀₂	<input type="checkbox"/> Separated ₀₃ <input type="checkbox"/> Undisclosed ₀₄
	<input type="checkbox"/> Married ₀₅	<input type="checkbox"/> Divorced ₀₆	<input type="checkbox"/> Widowed ₀₇
h. Address: _____			
i. Address (Line 2): _____		j. County: _____	
k. City: _____		l. State: _____	m. Zip code: _____
<input type="checkbox"/> No fixed address/ Undisclosed			
n. What is your current housing type? (Select one)			
<input type="checkbox"/> Camping ₀₁	<input type="checkbox"/> Vehicle ₀₆	<input type="checkbox"/> Own Home ₁₁	
<input type="checkbox"/> Halfway House ₀₂	<input type="checkbox"/> Warming Facility ₀₇	<input type="checkbox"/> Private Rental / Renting ₁₂	
<input type="checkbox"/> Mobile Home ₁₆	<input type="checkbox"/> Emergency Shelter/ Mission/Transitional ₀₈	<input type="checkbox"/> Public (Social) Housing ₁₃	
<input type="checkbox"/> Motel/Hotel ₀₃	<input type="checkbox"/> Evacuee ₀₉	<input type="checkbox"/> With Family/Friends ₁₄	
<input type="checkbox"/> Residential Treatment Facility or Supervised Housing ₀₄	<input type="checkbox"/> Unhoused ₁₀	<input type="checkbox"/> Youth Home / Shelter ₁₅	<input type="checkbox"/> Other ₁₇ <input type="checkbox"/> Undisclosed ₀₅
o. Email Address: _____			
p. Phone Number: _____ (You will only be contacted if there is important information regarding services)			
q. What Language(s) are spoken in your household? (Select all that apply)			
<input type="checkbox"/> English ₀₁	<input type="checkbox"/> Spanish ₀₂	<input type="checkbox"/> Somali ₀₃	<input type="checkbox"/> Vietnamese ₀₄ <input type="checkbox"/> Russian ₀₅ <input type="checkbox"/> Mandarin ₀₆
<input type="checkbox"/> Hindi/Urdu ₀₇	<input type="checkbox"/> Arabic ₀₈	<input type="checkbox"/> Other: _____ ₁₀	
r. What is your Ethnicity? (Select all that apply)			
<input type="checkbox"/> White/Anglo ₀₁	<input type="checkbox"/> Asian ₀₃	<input type="checkbox"/> Other ₁₀	
<input type="checkbox"/> Black / African American ₀₅	<input type="checkbox"/> Alaska Native/ Aleut / Eskimo ₀₇	<input type="checkbox"/> None ₀₈	
<input type="checkbox"/> Hispanic/Latino ₀₂	<input type="checkbox"/> Middle-Eastern / North-African ₀₄	<input type="checkbox"/> Undisclosed ₀₉	
<input type="checkbox"/> American Indian/Native American ₀₆	<input type="checkbox"/> Pacific Islander ₁₁		
s. Do you identify as any of the following? (Select all that apply)			
<input type="checkbox"/> Developmental Disability ₀₁	<input type="checkbox"/> Pregnant ₀₄	<input type="checkbox"/> Veteran ₀₅	<input type="checkbox"/> None ₁₁
<input type="checkbox"/> Disability ₀₂	<input type="checkbox"/> Postpartum ₀₇	<input type="checkbox"/> PTSD ₁₃	<input type="checkbox"/> Undisclosed ₁₂
<input type="checkbox"/> Mental Illness ₀₃	<input type="checkbox"/> Breastfeeding ₀₈	<input type="checkbox"/> Other ₁₀	

(Please flip over to the back)

(Data entry: switch to add household members then return to back side)

t. **What was your highest education level completed?** (Select one)

- | | | |
|--|--|--|
| <input type="checkbox"/> Grades 0-8 ⁰¹ | <input type="checkbox"/> Post-Secondary (Some) ⁰⁵ | <input type="checkbox"/> 4-Year Degree ⁰⁸ |
| <input type="checkbox"/> Grades 9-11 ⁰² | <input type="checkbox"/> Trade School / Professional Accreditation ⁰⁶ | <input type="checkbox"/> Master's Degree ⁰⁹ |
| <input type="checkbox"/> High School Diploma ⁰³ | <input type="checkbox"/> 2-Year Degree ⁰⁷ | <input type="checkbox"/> PhD ¹⁰ |
| <input type="checkbox"/> GED ⁰⁴ | | <input type="checkbox"/> Undisclosed ¹¹ |

u. **What is your current employment type?** (Select one)

- | | | |
|---|--|--|
| <input type="checkbox"/> Military ⁰¹ | <input type="checkbox"/> Full-Time ⁰⁷ | |
| <input type="checkbox"/> Multiple Jobs ⁰² | <input type="checkbox"/> Part-Time ⁰⁸ | |
| <input type="checkbox"/> Seasonal ⁰⁴ | <input type="checkbox"/> Retired ⁰³ | |
| <input type="checkbox"/> Self-Employed ⁰⁵ | <input type="checkbox"/> Other ¹¹ | |
| <input type="checkbox"/> Post-Secondary Student ⁰⁶ | <input type="checkbox"/> None ⁰⁹ | <input type="checkbox"/> Undisclosed ¹⁰ |

v. **What is your income type?** (Select main sources of income for your household)

- | | | |
|---|--|--|
| <input type="checkbox"/> Full-Time Employment ⁰⁴ | <input type="checkbox"/> Child Support ⁰⁹ | |
| <input type="checkbox"/> Part-Time Employment ⁰⁶ | <input type="checkbox"/> Retirement or Pension ⁰⁸ | |
| <input type="checkbox"/> Multiple Jobs ⁰⁵ | <input type="checkbox"/> Social Security Benefits ¹⁸ | |
| <input type="checkbox"/> Day Labor ⁰² | <input type="checkbox"/> Social Security Disability Insurance (SSDI) ¹⁹ | |
| <input type="checkbox"/> Farm related work ⁰³ | <input type="checkbox"/> Supplemental Security Income (SSI) ²¹ | |
| <input type="checkbox"/> Self-Employment ⁰⁷ | <input type="checkbox"/> Student Financial Aid ¹¹ | |
| <input type="checkbox"/> Unemployment Benefits ¹² | <input type="checkbox"/> Tribal Funds ²⁵ | <input type="checkbox"/> No Income ⁰¹ |
| <input type="checkbox"/> Family/Friends Support ¹⁰ | <input type="checkbox"/> Worker's Compensation or SAIF ¹³ | <input type="checkbox"/> Undisclosed ²³ |

w. **Does your household currently receive any of the following?** (Select all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Energy Assistance ¹⁴ | <input type="checkbox"/> TANF (Temporary Assistance for Needy Families) ²⁴ |
| <input type="checkbox"/> Free or Reduced Lunch ¹⁵ | <input type="checkbox"/> Vet's Aid or Armed Forces ¹⁶ |
| <input type="checkbox"/> Medicaid (Oregon Health Plan in Oregon) ²² | <input type="checkbox"/> WIC (Assistance for Women, Infants, and Children) ²⁰ |
| <input type="checkbox"/> Medicare ²⁶ | <input type="checkbox"/> SNAP (Oregon Trail card in Oregon /Formally known as Food Stamps) ¹⁷ |

x. **Does anyone in your household have any Dietary Considerations?** (Select all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Dairy Allergy/Sensitivity ⁰¹ | <input type="checkbox"/> Low Sodium ⁰⁷ | <input type="checkbox"/> Soy Allergy/ Sensitivity ¹² |
| <input type="checkbox"/> Dental Concerns ⁰² | <input type="checkbox"/> No Pork ¹⁶ | <input type="checkbox"/> Tree Nuts Allergy/ Sensitivity ¹³ |
| <input type="checkbox"/> Diabetic ⁰³ | <input type="checkbox"/> No or Limited Cooking Equipment ⁰⁸ | <input type="checkbox"/> Vegan ¹⁴ |
| <input type="checkbox"/> Egg Allergy/Sensitivity ⁰⁴ | <input type="checkbox"/> Other ⁰⁹ | <input type="checkbox"/> Vegetarian ¹⁵ |
| <input type="checkbox"/> Gluten Allergy/Sensitivity ⁰⁵ | <input type="checkbox"/> Peanut Allergy ¹⁰ | <input type="checkbox"/> None ¹⁷ |
| <input type="checkbox"/> Kosher / Halal ⁰⁶ | <input type="checkbox"/> Seafood Allergy/Sensitivity ¹¹ | |

Primary person's Last Name: _____ First Name: _____

Additional Household Members: (Please list each person you share this food with below and on the back side.)

a. Last name: _____		b. First name: _____	
c. Date of Birth: ____/____/____ (mm/dd/yyyy)		d. Is this birth date estimated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
i. Does this member attend school? <input type="checkbox"/> Yes <input type="checkbox"/> No		j. If yes, which school? _____	
e. Gender: <input type="checkbox"/> Female ⁰² <input type="checkbox"/> Male ⁰¹ <input type="checkbox"/> Transgender ⁰³ <input type="checkbox"/> Other ⁰⁵ <input type="checkbox"/> Undisclosed ⁰⁴			
f. This person is your... <input type="checkbox"/> Spouse ⁰¹ <input type="checkbox"/> Common-Law Partner ⁰⁹ <input type="checkbox"/> Child ⁰² <input type="checkbox"/> Parent ⁰³ <input type="checkbox"/> Sibling ⁰⁴ <input type="checkbox"/> Grandchild ⁰⁵ <input type="checkbox"/> Grandparent ⁰⁶ <input type="checkbox"/> Other Relative ⁰⁷ <input type="checkbox"/> Ward ¹⁴ <input type="checkbox"/> Boyfriend/Girlfriend ⁰⁸ <input type="checkbox"/> Friend ¹⁰ <input type="checkbox"/> Roommate ¹³ <input type="checkbox"/> Other ¹² <input type="checkbox"/> Undisclosed ¹¹			
g. What is their Ethnicity? <input type="checkbox"/> White/Anglo ⁰¹ <input type="checkbox"/> Asian ⁰³ <input type="checkbox"/> Black / African American ⁰⁵ <input type="checkbox"/> Alaska Native/ Aleut / Eskimo ⁰⁷ <input type="checkbox"/> Hispanic/Latino ⁰² <input type="checkbox"/> American Indian / Native American ⁰⁶ <input type="checkbox"/> Middle-Eastern / North- African ⁰⁴ <input type="checkbox"/> Pacific Islander ¹⁰ <input type="checkbox"/> None ⁰⁸ <input type="checkbox"/> Other ¹¹ <input type="checkbox"/> Undisclosed ⁰⁹			
h. Do they identify with any of the following?: <input type="checkbox"/> Developmental Disability ⁰¹ <input type="checkbox"/> Pregnant ⁰³ <input type="checkbox"/> Veteran ⁰⁹ <input type="checkbox"/> Disability ⁰⁵ <input type="checkbox"/> Postpartum ⁰⁷ <input type="checkbox"/> PTSD ¹³ <input type="checkbox"/> None ⁰⁸ <input type="checkbox"/> Mental Illness ⁰⁴ <input type="checkbox"/> Breastfeeding ¹¹ <input type="checkbox"/> Other ¹⁰ <input type="checkbox"/> Undisclosed ¹²			
a. Last name: _____		b. First name: _____	
c. Date of Birth: ____/____/____ (mm/dd/yyyy)		d. Is this birth date estimated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
i. Does this member attend school? <input type="checkbox"/> Yes <input type="checkbox"/> No		j. If yes, which school? _____	
e. Gender: <input type="checkbox"/> Female ⁰² <input type="checkbox"/> Male ⁰¹ <input type="checkbox"/> Transgender ⁰³ <input type="checkbox"/> Other ⁰⁵ <input type="checkbox"/> Undisclosed ⁰⁴			
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c. Date of Birth: ____/____/____ (mm/dd/yyyy)		d. Is this birth date estimated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
i. Does this member attend school? <input type="checkbox"/> Yes <input type="checkbox"/> No		j. If yes, which school? _____	
e. Gender: <input type="checkbox"/> Female ⁰² <input type="checkbox"/> Male ⁰¹ <input type="checkbox"/> Transgender ⁰³ <input type="checkbox"/> Other ⁰⁵ <input type="checkbox"/> Undisclosed ⁰⁴			
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g. What is their Ethnicity? <input type="checkbox"/> White/Anglo ⁰¹ <input type="checkbox"/> Asian ⁰³ <input type="checkbox"/> Black / African American ⁰⁵ <input type="checkbox"/> Alaska Native/ Aleut / Eskimo ⁰⁷ <input type="checkbox"/> Hispanic/Latino ⁰² <input type="checkbox"/> American Indian / Native American ⁰⁶ <input type="checkbox"/> Middle-Eastern / North- African ⁰⁴ <input type="checkbox"/> Pacific Islander ¹⁰ <input type="checkbox"/> None ⁰⁸ <input type="checkbox"/> Other ¹¹ <input type="checkbox"/> Undisclosed ⁰⁹			
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a. Last name: _____ b. First name: _____
 c. Date of Birth: ____/____/____ (mm/dd/yyyy) d. Is this birth date estimated? Yes No
 i. Does this member attend school? Yes No j. If yes, which school? _____

e. **Gender:** Female ₀₂ Male ₀₁ Transgender ₀₃ Other ₀₅ Undisclosed ₀₄

f. **This person is your...** Spouse ₀₁ Common-Law Partner ₀₉ Child ₀₂ Parent ₀₃
 Sibling ₀₄ Grandchild ₀₅ Grandparent ₀₆ Other Relative ₀₇ Ward ₁₄
 Boyfriend/Girlfriend ₀₈ Friend ₁₀ Roommate ₁₃ Other ₁₂ Undisclosed ₁₁

g. **What is their Ethnicity?** White/Anglo ₀₁ Asian ₀₃ Black / African American ₀₅
 Alaska Native/ Aleut / Eskimo ₀₇ Hispanic/Latino ₀₂ American Indian / Native American ₀₆
 Middle-Eastern / North- African ₀₄ Pacific Islander ₁₀ None ₀₈ Other ₁₁ Undisclosed ₀₉

h. **Do they identify with any of the following?:**
 Developmental Disability ₀₁ Pregnant ₀₃ Veteran ₀₉
 Disability ₀₅ Postpartum ₀₇ PTSD ₁₃ None ₀₈
 Mental Illness ₀₄ Breastfeeding ₁₁ Other ₁₀ Undisclosed ₁₂

a. Last name: _____ b. First name: _____
 c. Date of Birth: ____/____/____ (mm/dd/yyyy) d. Is this birth date estimated? Yes No
 i. Does this member attend school? Yes No j. If yes, which school? _____

e. **Gender:** Female ₀₂ Male ₀₁ Transgender ₀₃ Other ₀₅ Undisclosed ₀₄

f. **This person is your...** Spouse ₀₁ Common-Law Partner ₀₉ Child ₀₂ Parent ₀₃
 Sibling ₀₄ Grandchild ₀₅ Grandparent ₀₆ Other Relative ₀₇ Ward ₁₄
 Boyfriend/Girlfriend ₀₈ Friend ₁₀ Roommate ₁₃ Other ₁₂ Undisclosed ₁₁

g. **What is their Ethnicity?** White/Anglo ₀₁ Asian ₀₃ Black / African American ₀₅
 Alaska Native/ Aleut / Eskimo ₀₇ Hispanic/Latino ₀₂ American Indian / Native American ₀₆
 Middle-Eastern / North- African ₀₄ Pacific Islander ₁₀ None ₀₈ Other ₁₁ Undisclosed ₀₉

h. **Do they identify with any of the following?:**
 Developmental Disability ₀₁ Pregnant ₀₃ Veteran ₀₉
 Disability ₀₅ Postpartum ₀₇ PTSD ₁₃ None ₀₈
 Mental Illness ₀₄ Breastfeeding ₁₁ Other ₁₀ Undisclosed ₁₂

a. Last name: _____ b. First name: _____
 c. Date of Birth: ____/____/____ (mm/dd/yyyy) d. Is this birth date estimated? Yes No
 i. Does this member attend school? Yes No j. If yes, which school? _____

e. **Gender:** Female ₀₂ Male ₀₁ Transgender ₀₃ Other ₀₅ Undisclosed ₀₄

f. **This person is your...** Spouse ₀₁ Common-Law Partner ₀₉ Child ₀₂ Parent ₀₃
 Sibling ₀₄ Grandchild ₀₅ Grandparent ₀₆ Other Relative ₀₇ Ward ₁₄
 Boyfriend/Girlfriend ₀₈ Friend ₁₀ Roommate ₁₃ Other ₁₂ Undisclosed ₁₁

g. **What is their Ethnicity?** White/Anglo ₀₁ Asian ₀₃ Black / African American ₀₅
 Alaska Native/ Aleut / Eskimo ₀₇ Hispanic/Latino ₀₂ American Indian / Native American ₀₆
 Middle-Eastern / North- African ₀₄ Pacific Islander ₁₀ None ₀₈ Other ₁₁ Undisclosed ₀₉

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 Developmental Disability ₀₁ Pregnant ₀₃ Veteran ₀₉
 Disability ₀₅ Postpartum ₀₇ PTSD ₁₃ None ₀₈
 Mental Illness ₀₄ Breastfeeding ₁₁ Other ₁₀ Undisclosed ₁₂