



Welcome to our Network

Why are we asking these questions?

- To better serve our communities by gaining a better understanding of people's experience and backgrounds in order to improve our programs and advocate for resources for our community.
- 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.**
- **Providing this information is optional and not required to receive food.**
- You will only need to provide your information one time at any of our locations that use Link2Feed.
- You can use your Link2Feed card at any food pantry that uses Link2Feed.
- If you have any questions, or need help filling 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 two people per side. If your household is bigger than 5 people please ask for an extra page.
- If you don't want to answer any of the questions, you can mark the check-box labeled "prefer not to answer". If you do not see the "prefer not to answer" check-box option for a question please ask a staff person or volunteer for other options.

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!

If you need this form in another language, please ask.

Si necesita este formulario en otro idioma, por favor, pídalo. - **Spanish**

Если этот формуляр требуется Вам на другом языке, пожалуйста, поинтересуйтесь о его наличии. - **Russian**

如果您需要其他语言的表格，请询问。 - **Simplified Chinese**

यकद तपाईंलाई यो फारम अर्को भाषामा चाहन्छ भने तपाईंलाई माग्नुहोस् | - **Nepali**

သင့်သို့ ဤပုံစံကတူ အချားဘာသာစကားဖြင့် လူတအပွိုက် ဝေပံ့တံ့ပါ။ - **Myanmar / Burmese**

ဖဲနမ ဝူၢ်လ ဝူၢ်ဘ ဝူၢ်လံ ဝူၢ်တက ဝူၢ်ဒ တခါအံလက ဝူၢ်အဂၤတက ဝူၢ်အခါန ဝူၢ်,ဝံသျးစူသံက ဝူၢ်ဘ ဝူၢ်တက ဝူၢ်. - **Karen**

Haddii aad u baahan tahay foomkani oo ku qoran luqad kale, fadlan codso. - **Somali**

หากท่านต้องการแบบฟอร์ม ในภาษาอื่น โปรดสอบถามเจ้าหน้าที่ - **Thai**

Nếu quý vị cần biểu mẫu này bằng một ngôn ngữ khác, vui lòng yêu cầu. - **Vietnamese**

إذا كنتم بحاجة للحصول على هذا النموذج بلغة أخرى، يُرجى طلب ذلك - **Arabic**

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?** ☐Yes ☐No

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

h. **Address:** _____

i. **Address (Line 2):** _____ j. **County:** _____

k. **City:** _____ l. **State:** _____ m. **Zip code:** _____

☐ 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/	<input type="checkbox"/> Public (Social) Housing ₁₃
<input type="checkbox"/> Motel/Hotel ₀₃	Mission/Transitional ₀₈	<input type="checkbox"/> With Family/Friends ₁₄
<input type="checkbox"/> Residential Treatment Facility or	<input type="checkbox"/> Evacuee ₀₉	<input type="checkbox"/> Youth Home / Shelter ₁₅
Supervised Housing ₀₄	<input type="checkbox"/> Unhoused ₁₀	<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)

☐ English ₀₁ ☐ Spanish ₀₂ ☐ Somali ₀₃ ☐ Vietnamese ₀₄ ☐ Russian ₀₅ ☐ Mandarin ₀₆

☐ Hindi/Urdu ₀₇ ☐ Arabic ₀₈ ☐ 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)

☐ Person with a Disability ₀₂ ☐ Veteran ₀₅ ☐ None ₁₁ ☐ Undisclosed ₁₂

(Please flip over to the back)

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

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

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)

- ☐ Free or Reduced Lunch ₁₅ ☐ Medicaid (Oregon Health Plan in Oregon) ₂₂
- ☐ WIC (Assistance for Women, Infants, and Children) ₂₀
- ☐ SNAP (Oregon Trail card in Oregon /Formerly 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 | |

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"/> Person with a Disability ⁰² <input type="checkbox"/> Veteran ⁰⁵ <input type="checkbox"/> None ¹¹ <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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<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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Additional Household Members: (Please list each person you share this food with below and on the back side.)

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

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			
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<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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