



Blue Ridge Area

FOOD BANK

Everyone should have enough to eat.

A member of
**FEEDING
AMERICA**

Link2Feed General Intake Form

General Information

Date of First Food Bank Visit, if known: _____

* Last name: _____ * First name: _____

* Date of Birth: ____/____/____ Estimated? Y N

* **Address:** Street: _____

Street (Line 2): _____

* City: _____ * State: _____ * Zip code: _____

* County: _____

No fixed address

* **Gender:**

Female Male Transgender Undisclosed Other

* **Marital status:**

Single Married Common-Law Divorced Separated Widowed Undisclosed

Email Address(es): _____

Phone Number(s): _____

Is English your primary language? Y N If no, primary language: _____

* **Ethnicity:**

White / Anglo Asian N/A
 Black / African American Alaska Native / Aleut / Eskimo Other
 Hispanic / Latino Middle-Eastern / North African Undisclosed
 American Indian / Native American Pacific Islander

* **Self-Identifies As:**

Disability Veteran None Undisclosed

* **Income Sources (Check all that apply and provide monthly income amount for Household):**

No Income

TOTAL MONTHLY INCOME \$ _____

* **Other qualifier received by EVERYONE in household:**

Supplemental Nutrition Assistance Program (SNAP) – “Food Stamps” Supplemental Security Income (SSI) Medicaid
 Temporary Assistance for Needy Families (TANF)

(See Back)

Household Members

First Name: _____ Last Name: _____
DOB: _____ Gender: _____ Relationship: _____

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