

D300 Food Bank Pantry Family Intake Form

Please answer all questions so that we may serve you better. This information will not be shared with any other outside agency or entity others than the D300 School District and Northern Illinois Food Bank for reporting purposes.

CLIENT DOCUMENTATION (client may fill this out)

Family Number: _____

Are you homeless? **Yes** **No** If no, please complete address portion of form.

Household Information:

YOUR NAME	
ADDRESS	
CITY / STATE / ZIP / COUNTY	
PHONE	

How many people live in your house: Are you head of the household? Yes No

Are you?

African American	<input type="checkbox"/>	Asian	<input type="checkbox"/>	Caucasian	<input type="checkbox"/>	Hispanic	<input type="checkbox"/>	Native American	<input type="checkbox"/>	Other	<input type="checkbox"/>
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List children living in house (Only those under 18 years old) :

Child First Name	Child Last Name	Gender (M/F)	School Attending	Date of Birth	Race

Does your family receive any type of assistance? *Check all that apply*

Temporary Assistance To Needy Families (TANF / AFDC)	<input type="checkbox"/>	SNAP (Food Stamps)	<input type="checkbox"/>
		Medicaid	<input type="checkbox"/>

The Total Gross Income (the amount before deductions) of all household members is:

GROSS INCOME	\$			Per Year		Per Month		Per Week	
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