

D300 FOOD PANTRY FAMILY INTAKE FORM

CLIENT DOCUMENTATION (client may fill this out)

BARCODE NUMBER: _____

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

Household Information:

| | | | | | |
|--------------------|--|----------|--------------------|-----------|--|
| YOUR FIRST NAME | | MIDDLE | | LAST NAME | |
| YOUR DATE OF BIRTH | | | NATIONALITY / RACE | | |
| STREET ADDRESS | | | | | |
| CITY | | ZIP CODE | | COUNTY | |
| YOUR PHONE # | | | | | |
| YOUR EMAIL | | | | | |

How many people live in your house:

Are you head of the household?

| | |
|-----|----|
| Yes | No |
|-----|----|

LIST ALL OTHER ADULTS AND CHILDREN LIVING IN YOUR HOUSE:

| First Name | Last Name | Gender (M/F) | D300 School Attending | Date of Birth | Nationality / Race |
|------------|-----------|--------------|-----------------------|---------------|--------------------|
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Does your family receive any type of assistance? Check all that apply

| | | | |
|--|--|--------------------|--|
| Temporary Assistance To Needy Families (TANF / AFDC) | | SNAP (Food Stamps) | |
| Free or reduced meals at school | | Medicaid | |

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

| | | | | | | | | | |
|--------------|----|--|--|----------|--|-----------|--|----------|--|
| GROSS INCOME | \$ | | | Per Year | | Per Month | | Per Week | |
|--------------|----|--|--|----------|--|-----------|--|----------|--|

I give my consent that my household information and assistance records will be shared through an electronic database, known as "FoodBank Manager", with the Northern Illinois Food Bank. The Food Bank is a non-profit organization that helps people identify and obtain assistance to which they may be lawfully entitled.

I understand by participating in this database the Food Bank may be able to assist me more effectively. I also understand that information provided by me for the FoodBank Manager database may be shared with participating food programs, and CUSD 300. Any assistance I receive will not be shared with participating food programs or CUSD 300. This information may be used to create summary reports for program evaluation purposes.

This Release of Information will remain in effect until I make a written request to the Food Bank or Pantry that I no longer wish to participate in FoodBank Manager.

Signature: _____ Date: _____