

D300 FOOD PANTRY FAMILY INTAKE FORM

BARCODE NUMBER: _____

Head of Household Information:

YOUR FIRST NAME		MIDDLE		LAST NAME	
YOUR DATE OF BIRTH			ETHNICITY/RACE		
STREET ADDRESS					
CITY		ZIP CODE		COUNTY	
HOUSING STATUS	OWN HOME ___ RENT ___ TEMPORARY HOUSING ___ HOMELESS ___ OTHER _____				
YOUR PHONE #					
YOUR EMAIL					

How many people live in your house:

LIST ALL OTHER ADULTS AND CHILDREN LIVING IN YOUR HOUSE:

First Name	Last Name	Gender (M/F)	Name of D300 School Attending	Date of Birth	ETHNICITY/RACE	RELATIONSHIP

*** Current Employment Type (choose 1):**

- | | |
|--|---|
| <input type="checkbox"/> Not working and actively looking for work | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Not working because caretaker/student/other | <input type="checkbox"/> None |
| <input type="checkbox"/> Full-Time | <input type="checkbox"/> Not working due to disability or poor health |
| <input type="checkbox"/> Part-Time | <input type="checkbox"/> Do not wish to disclose |

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

LILEAP (Low Income Energy Assistance Program)		SNAP (LINK CARD)	
Other (e.g. Free or Reduced Meals at School)		Supplemental Nutrition for Women, Infant and Children (WIC)	

Please turn page over and sign the consent agreement on the back

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DIETARY RESTRICTIONS: *Check all that apply*

NO GLUTEN/WHEAT ___ NO DAIRY ___ NO PEANUTS/TREE NUTS ___ NO PORK ___ NO MEAT ___
NO SHELLFISH ___ VEGAN ___ VEGETARIAN ___ HALAL ___ KOSHER ___

Consent and Disclaimer

Do you give consent to D300 Food Pantry to share photos taken of you and/or your children on D300 Food Pantry website, social media, or other D300 Food Pantry marketing material, without expectation of compensation?

Yes ___ No ___

The D300 Food Pantry and Northern Illinois Food Bank respects your information and wants to ensure it remains private. Providing information electronically can be safer than providing information on paper. Only certain staff and volunteers can log in to the system, and each person has been trained and has signed an agreement to keep your information private.

We may use your personal information for a variety of reasons:

- **To Improve Our Programs:** We may use your information to improve our programs or activities. For example, staff may look at information to review the quality of services that people receive.
- **To Do Research:** We may use your information for research and analysis. Any reports produced with the data will **not** identify your individual information. Our staff and volunteers will only share your information with qualified persons outside of our agency.
- **To Connect You with Other Programs:** At your request, we may share your personal information to see if you are eligible for other benefits or programs such as Social Security benefits or SNAP.
- **To Report Abuse, Harm or Neglect:** We are required by law to report any cases of suspected abuse or neglect of children or vulnerable adults. We are also required to share information about you to law enforcement in certain cases, for example, if you cause harm to a member of our staff, another client, or if you damage our property. We may also share your personal information in case of a threat to the public, such as a terrorist attack or natural disaster.

Signature Type: Hard Copy Signature

Client Signature: _____

Date (MM/DD/YYYY): _____