Welcome to the Food Bank of Northern Nevada! In order to better help you and your family we ask that you take a few minutes to complete this short form. **Your response IN NO WAY will affect your receiving food today or in the future**. We ask these questions as a way to get to know you and to understand how we can better meet the needs of our community. If you have any questions or concerns, please do not hesitate to ask any food bank staff member or volunteer. *Thank you and have a great day!*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: Male/Female

Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Type: Cell\* - Landline - Message Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
\*Food Bank of Northern Nevada may use this information MM/DD/YYYY  
to contact you regarding important program updates.

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Ethnicity (please mark one)** \_\_\_\_\_\_Hispanic or Latino \_\_\_\_\_\_Not Hispanic or Latino |

|  |
| --- |
| **Race (mark all that apply)** \_\_\_\_\_\_White \_\_\_\_\_American Indian or Alaska Native  \_\_\_\_\_\_Asian \_\_\_\_\_Black or African American  \_\_\_\_\_\_ Pacific Islander or Native Hawaiian |

Apt # City State Zip Code

**Please list the names, birthdates, genders, ethnicity and race of all the people living in your household:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full Name of ALL members  Please don’t include yourself** | **Date of Birth** MM/DD/YYYY | **Gender** | **Hispanic (Y/N)?** | **Race** |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |

1. **What is your household’s total monthly income? (Include income from ALL members of the household and ALL types of income: wages, social security, disability, etc.): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per month.**
2. **Within the past 12 months have you worried that your food would run out b****efore you got money to buy more?**

Yes  No

1. **Within the past 12 months did the food that you bought just not last and you didn’t have money to get more?**

Yes  No

1. **Have you or anyone in the household ever applied for SNAP (Food Stamps) benefits?**

Yes  No

1. **If you or anyone in the household has ever applied for Food Stamps, are they currently receiving benefits?**

Yes  No

1. **Is anyone in the household a Military Veteran or active Military?**

Yes  No

1. **Does anyone in the household currently have health coverage?**

Yes, whole family  No  myself  kids only  Spouse only  Other household member(s)

1. **What type of health coverage do the household members have? *(Check all that apply)***

Private Insurance  Medicare/Medicaid  Veteran’s Benefits  Indian Health Services  Disability

1. **Do you or anyone in your household receive food assistance from any of these programs*? (Check all that apply)***

Senior Nutrition Program(s)  Other Food Pantries  Soup Kitchen  School Breakfast/Lunch

Kids Summer Meals  WIC (Women’s, Infant’s & Children’s Program)  Tribal Commodities

1. **How has COVID-19 impacted your food needs?**

Not at all  Somewhat  A lot

“*I understand that my basic, identifying and non-confidential service transactions/information will be shared in an electronic shared case database administrated by the Food Bank of Northern Nevada called “Oasis Insight.”*

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Signature Date