



**NEIGHBORS.
EMPOWERED.**

Link2Feed Intake Form Head of Household



* Indicates required information

General/Personal Information

*Date of first visit to any pantry: _____ Unknown First Visit

* Last name: _____ * First name: _____

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

*TOTAL NUMBER OF OTHER PEOPLE IN HOUSEHOLD: _____

You will need to complete a supplemental intake form for each additional household member.

* Gender Identity: Male Female Non-binary Other Prefer Not to Answer

* Address: _____

Address Line 2 (Apt / Suite / Room, etc.): _____

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

* County: (Select 1) Boone Cook DeKalb DuPage Grundy Kane Kankakee Kendall Kenosha
 Lake McHenry Ogle Stephenson Will Winnebago Other: _____

No fixed address Prefer Not to Answer

Email Address: _____ Phone Number: _____ Home Mobile Work Fax Other

Consent to Contact: Email Voice (Phone) Text (Select how we may contact you.)

* Ethnicity (select all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> White / Anglo | <input type="checkbox"/> Asian | <input type="checkbox"/> Other |
| <input type="checkbox"/> Black / African American | <input type="checkbox"/> Alaska Native, Aleut or Eskimo | <input type="checkbox"/> Prefer Not to Answer |
| <input type="checkbox"/> Hispanic / Latino | <input type="checkbox"/> Middle-Eastern / North African | <input type="checkbox"/> None |
| <input type="checkbox"/> American Indian / Native American | <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Don't Know |

Profile Information

* Indicates required information

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

- | | | |
|---|---|--------------------------------|
| <input type="checkbox"/> Not working and actively looking for work | <input type="checkbox"/> Post-Secondary Student | <input type="checkbox"/> Other |
| <input type="checkbox"/> Not working because caretaker/student/other | <input type="checkbox"/> Retired | |
| <input type="checkbox"/> Full-Time | <input type="checkbox"/> None | |
| <input type="checkbox"/> Part-Time | <input type="checkbox"/> Don't Know | |
| <input type="checkbox"/> Not working due to disability or poor health | <input type="checkbox"/> Prefer Not to Answer | |

Monthly Income and Benefits for Head of Household

***Does anyone in your household receive SNAP (Supplemental Nutrition Assistance Program)?**

- Yes No Don't Know Prefer Not to Answer

Other assistance received by anyone in Household (Check all that apply):

- Low-Income Home Energy Assistance Program (LIHEAP)
- Other
- Supplemental Assistance for Women, Infant and Children (WIC)
- None
- Don't Know
- Prefer Not to Answer

OPTIONAL - Dietary Considerations For Anyone in Household

- | | | |
|--|--|---|
| <input type="checkbox"/> Halal | <input type="checkbox"/> No Eggs | <input type="checkbox"/> No Soy |
| <input type="checkbox"/> Kosher | <input type="checkbox"/> No Gluten/Wheat | <input type="checkbox"/> No Tree Nuts |
| <input type="checkbox"/> Lactose Intolerant | <input type="checkbox"/> No Peanuts | <input type="checkbox"/> None |
| <input type="checkbox"/> Low Sodium | <input type="checkbox"/> No Pork | <input type="checkbox"/> Vegan |
| <input type="checkbox"/> Low Sugar | <input type="checkbox"/> No Red Meat | <input type="checkbox"/> Vegetarian |
| <input type="checkbox"/> No Dairy | <input type="checkbox"/> No Shellfish | <input type="checkbox"/> Prefer Not to Answer |
| <input type="checkbox"/> Other (Specify) _____ | | <input type="checkbox"/> Don't Know |

Response does not limit access to pantry items.

Consent and Disclaimer

The 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.
- **To Communicate Important Updates:** If you indicate 'Consent to contact via Text, Voice, or Email' your information may be shared, downloaded, and used across applications. You may receive communication from both member agencies and Northern Illinois Food Bank.

Signature Type: Hard Copy Signature

* Client Name: _____

** Indicates required information*

* Client Signature: _____

* Date (MM/DD/YYYY): _____