



**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: _____ *DOB: ___/___/___

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

Address: _____

City: _____ State: _____ *Zip code: _____

County: _____ No fixed address *Providing a full address is voluntary and not required to receive food*

Email Address: _____ Phone Number: _____

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

*Ethnicity (Select all that apply):

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

Profile Information

*Current Employment Type (Choose 1):

- Not working and actively looking for work
- Not working due to disability or poor health
- Post-Secondary Student
- Not working because caretaker/student/other
- Retired
- Full-Time
- Part-Time
- Other
- 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)
- Don't Know
- Other
- Prefer Not to Answer
- Supplemental Assistance for Women, Infant and Children (WIC)
- None

OPTIONAL - Dietary Considerations For Anyone in Household

- Low Sodium
- No Eggs
- No Soy
- No Dairy
- No Pork
- Vegan
- Kosher
- No Gluten/Wheat
- No Tree Nuts
- No Shellfish
- No Red Meat
- Halal
- Lactose Intolerant
- No Peanuts
- Vegetarian
- Low Sugar
- Low Sodium
- Other _____

Household Member

*Last name: _____ *First name: _____

*Date of Birth: ___/___/___ *Gender Identity: Male Female Non-binary Other Prefer Not to Answer

*Relation to Head of Household: Spouse Child Parent Sibling Grandchild Grandparent Other Relative

Boyfriend/Girlfriend Friend Common-Law Partner Other Ward Roommate

*Ethnicity (Circle all that apply):

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Household Member	
*Last name: _____	*First name: _____
*Date of Birth: ___/___/_____ *Gender Identity: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Other <input type="checkbox"/> Prefer Not to Answer	
*Relation to Head of Household: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Grandchild <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative <input type="checkbox"/> Boyfriend/Girlfriend <input type="checkbox"/> Friend <input type="checkbox"/> Common-Law Partner <input type="checkbox"/> Other <input type="checkbox"/> Ward <input type="checkbox"/> Roommate	
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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.

Client Name: _____ Client Signature: _____ Date (MM/DD/YYYY): _____