



Link2Feed Intake Form Head of Household



* Indicates required information

General/Personal Information	
Date of first visit to any pantry: _____ <input type="checkbox"/> First Visit Today <input type="checkbox"/> Unknown	
* Last name: _____ * First name: _____	
* Date of Birth: ____/____/____ Estimated? <input type="checkbox"/> Y <input type="checkbox"/> N	
*TOTAL NUMBER OF OTHER PEOPLE IN HOUSEHOLD: _____ <i>You will need to complete a supplemental intake form for each additional household member.</i>	
* Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Undisclosed	
* Address: _____ Address Line 2 (Apt / Suite / Room, etc.): _____	
* City: _____ * State: _____ * Zip code: _____	
<input type="checkbox"/> No fixed address	
*Housing Type (Select 1): <input type="checkbox"/> Emergency Shelter/ Mission/ Transitional <input type="checkbox"/> Private Rental <input type="checkbox"/> With Family / Friends <input type="checkbox"/> Evacuee <input type="checkbox"/> Public (Social) Housing <input type="checkbox"/> Youth Home / Shelter <input type="checkbox"/> Other <input type="checkbox"/> Unhoused <input type="checkbox"/> Own Home <input type="checkbox"/> Undisclosed	
Email Address(es): _____	
Phone Number(s): _____ <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Fax <input type="checkbox"/> Other	

*** Ethnicity (select all that apply):**

- White / Anglo
- Black / African American
- Hispanic / Latino
- American Indian / Native American
- Asian
- Alaska Native, Aleut or Eskimo
- Middle-Eastern / North African
- Pacific Islander
- Other
- Undisclosed

*** Self-Identifies As (select all that apply to you):**

- Active Duty Military
- Disability
- Veteran
- None
- Other
- Undisclosed

Profile Information

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

- Not working and actively looking for work
- Not working because caretaker/student/other
- Full-Time
- Part-Time
- Not working due to disability or poor health
- Other
- Post-Secondary Student
- Retired
- None
- Undisclosed

Monthly Income and Benefits for Head of Household

Head of Household's Income Source: Undisclosed

***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)
- Supplemental Nutrition Assistance Program (SNAP)

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"/> Other (Specify) _____ | | |

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.

Signature Type: Hard Copy Signature

* Client Name: _____

* Client Signature: _____

* Date (MM/DD/YYYY): _____

