

**ALL FAITHS  
FOOD BANK**

**Primary Registration Information**

1 \*Consent to Collect Data:  Yes<sup>1</sup>  No<sup>2</sup>

Number of People in Household<sup>3</sup>: \_\_\_\_\_

2 \*Last Name<sup>1</sup>: \_\_\_\_\_ \*First Name<sup>2</sup>: \_\_\_\_\_

3 \*Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)  Date of Birth Estimated

4 \*Gender:  Female<sup>1</sup>  Male<sup>2</sup>  None of these<sup>3</sup>  Transgender<sup>4</sup>  Didn't Ask<sup>5</sup>  Prefer not to answer<sup>6</sup>

5 \*Marital Status:  Common-Law<sup>1</sup>  Separated<sup>4</sup>  Didn't Ask<sup>7</sup>  
 Divorced<sup>2</sup>  Single<sup>5</sup>  Don't Know<sup>8</sup>  
 Married<sup>3</sup>  Widowed<sup>6</sup>  Prefer not to answer<sup>9</sup>

6 \*Address<sup>1</sup>: \_\_\_\_\_

Address (Line 2 - Apt, Lot or Unit #)<sup>2</sup>: \_\_\_\_\_ \*City<sup>3</sup>: \_\_\_\_\_

7 \*County<sup>4</sup>: \_\_\_\_\_ \*State<sup>5</sup>: \_\_\_\_\_ \*Zip Code<sup>6</sup>: \_\_\_\_\_

No fixed address<sup>7</sup>  Prefer not to answer<sup>8</sup>

8 \*Housing Type: (Select one)

Emergency Shelter/Mission/Transitional<sup>1</sup>  Public (Social) Housing<sup>5</sup>  Other<sup>9</sup>  
 Evacuee<sup>2</sup>  Unhoused<sup>6</sup>  Didn't Ask<sup>10</sup>  
 Own Home<sup>3</sup>  With Family/ Friends<sup>7</sup>  Don't Know<sup>11</sup>  
 Private Rental<sup>4</sup>  Youth Home / Shelter<sup>8</sup>  Prefer not to answer<sup>12</sup>

9a Email Address: \_\_\_\_\_ 10a Home Phone Number: <sup>1</sup> \_\_\_\_\_

9b Preferred Language(s): \_\_\_\_\_ 10b Mobile Phone Number: <sup>2</sup> \_\_\_\_\_

11 \*Referred by:

Announcement from school<sup>1</sup>  Current Client<sup>4</sup>  Door Hanger<sup>7</sup>  
 Flyer/Schedule<sup>2</sup>  Food Bank Staff Member<sup>5</sup>  Friend or family member<sup>8</sup>  
 Newspaper /Radio/ TV<sup>3</sup>  Postcard mailing<sup>6</sup>  Social Media/Website<sup>9</sup>  
 Other<sup>10</sup> \_\_\_\_\_

12 \*Ethnicity: (Select all that apply)

Alaska Native/ Aleut Eskimo<sup>1</sup>  Hispanic / Latino<sup>5</sup>  Didn't Ask<sup>9</sup>  
 American Indian/ Native American<sup>2</sup>  Middle Eastern / North African<sup>6</sup>  Don't know<sup>10</sup>  
 Asian<sup>3</sup>  Pacific Islander<sup>7</sup>  Prefer not to answer<sup>11</sup>  
 Black / African American<sup>4</sup>  White / Anglo<sup>8</sup>

13 \*Self-identify as a Veteran:  Yes<sup>1</sup>  No<sup>2</sup>  Didn't ask<sup>3</sup>  Don't know<sup>4</sup>  Prefer not to answer<sup>5</sup>

14 \*Self-identify as a Person with Disability?:  Yes<sup>1</sup>  No<sup>2</sup>  Didn't ask<sup>3</sup>  Don't know<sup>4</sup>  Prefer not to answer<sup>5</sup>

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

No<sup>1</sup>  Yes<sup>2</sup>  Didn't ask<sup>3</sup>  Don't know<sup>4</sup>  Prefer not to answer<sup>5</sup>

16 \*Does anyone in your household receive any of the following benefits? (Check all that apply)

Free or Reduced School Lunch<sup>1</sup>  Supplemental Security Income (SSI)<sup>5</sup>  Don't Know<sup>9</sup>  
 Low-Income Home Energy Assistance Program (LIHEAP)<sup>2</sup>  Temporary Assistance to Needy Families (TANF)<sup>6</sup>  No Benefits<sup>10</sup>  
 Medicaid<sup>3</sup>  Other Benefits<sup>7</sup>  Prefer not Answer<sup>11</sup>  
 Supplemental Assistance for Women, Infants & Children (WIC)<sup>4</sup>  Didn't Ask<sup>8</sup>

17 \*Total Monthly Household Income: \$ \_\_\_\_\_