

Complete the following questionnaire to register your household for services through the Eastern Illinois Foodbank. Please note that asterisked (*) questions are required. You may select "prefer not to answer" for any question you do not wish to answer. Your answers will **not** affect your ability to get food.

Eastern Illinois Foodbank respects your privacy and aims to ensure data collection is performed with integrity. We do not sell your information to any third party or share your information with any government agency. Eastern Illinois Foodbank staff and the Feeding America network may utilize the demographic information of the registered households to conduct research and improve our programs. Reports made with this data do not contain personally identifiable information and cannot be used to link specific information to specific people.

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| * Signature | |
| * First and Last Name | * Date of Birth |
| Gender: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender Male <input type="radio"/> Transgender Female <input type="radio"/> Prefer Not to Answer <input type="radio"/> Not Listed <input type="radio"/> Did Not Ask | |
| Street | City |
| Zip <input type="radio"/> Prefer Not to Answer <input type="radio"/> Did Not Ask | |
| Email | Phone |
| Ethnicity (select <u>all</u> that apply): | Self-Identify As (select <u>all</u> that apply): |
| <input type="checkbox"/> Alaska Native / Aleut / Eskimo <input type="checkbox"/> Japanese <input type="checkbox"/> American Indian <input type="checkbox"/> Korean <input type="checkbox"/> Asian <input type="checkbox"/> Middle Eastern / North African <input type="checkbox"/> Asian Indian <input type="checkbox"/> Pacific Islander / Native Hawaiian <input type="checkbox"/> Black / African American <input type="checkbox"/> Vietnamese <input type="checkbox"/> Chinese <input type="checkbox"/> White / Anglo <input type="checkbox"/> Congolese <input type="checkbox"/> Prefer Not to Answer <input type="checkbox"/> Filipino <input type="checkbox"/> Other <input type="checkbox"/> Guatemalan <input type="checkbox"/> Did Not Ask <input type="checkbox"/> Hispanic / Latino | <input type="checkbox"/> Disability <input type="checkbox"/> Veteran <input type="checkbox"/> Prefer Not to Answer <input type="checkbox"/> Did Not Ask |
| Does anyone in your household receive SNAP? (also known as food stamps) | |
| <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Prefer Not to Answer <input type="radio"/> Don't Know <input type="radio"/> Did Not Ask | |
| * Number of Adults in Household | * Number of Children in Household |

Please list any additional household members, excluding yourself:

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| Name _____ | Ethnicity (select <u>all</u> that apply): |
| DOB _____ | <input type="checkbox"/> Alaska Native / Aleut / Eskimo |
| Relationship to You _____ | <input type="checkbox"/> American Indian |
| Gender: | <input type="checkbox"/> Asian |
| <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender Male | <input type="checkbox"/> Asian Indian |
| <input type="radio"/> Transgender Female <input type="radio"/> Prefer Not to Answer | <input type="checkbox"/> Black / African American |
| <input type="radio"/> Not Listed <input type="radio"/> Did Not Ask | <input type="checkbox"/> Chinese |
| | <input type="checkbox"/> Congolese |
| | <input type="checkbox"/> Filipino |
| | <input type="checkbox"/> Guatemalan |
| | <input type="checkbox"/> Hispanic / Latino |
| | <input type="checkbox"/> Japanese |
| | <input type="checkbox"/> Korean |
| | <input type="checkbox"/> Middle Eastern / North African |
| | <input type="checkbox"/> Pacific Islander / Native Hawaiian |
| | <input type="checkbox"/> Vietnamese |
| | <input type="checkbox"/> White / Anglo |
| | <input type="checkbox"/> Prefer Not to Answer |
| | <input type="checkbox"/> Other |
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