

Client Intake Form Disclaimer: Please complete the following questionnaire in order to register your household for services through the Eastern Illinois Foodbank. Please note that asterisked (*) questions are required. You reserve the right to select "undisclosed" for any question you wish not 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 completed with integrity. We do not sell your information to any third party or share your information with a government agency. Eastern Illinois Foodbank staff and the Feeding America network may utilize client demographics to conduct research and improve our programs.

For example, staff may use addresses collected to determine high need areas for additional distribution locations or SNAP outreach. We may use ethnicity demographics to determine culturally relevant products to add to inventory. Any reports produced with the data will not identify your name with demographic information.

* Signature:	
* First and Last Name:	* Date of Birth:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Undisclosed <input type="checkbox"/> Non-binary <input type="checkbox"/> Transgender Man <input type="checkbox"/> Transgender Female	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Undisclosed <input type="checkbox"/> Common-Law <input type="checkbox"/> Widowed <input type="checkbox"/> Separated
Street:	City: Zip:
Housing Type: <input type="checkbox"/> Private Rental <input type="checkbox"/> Own Home <input type="checkbox"/> Public Housing <input type="checkbox"/> Undisclosed <input type="checkbox"/> With Family/Friends <input type="checkbox"/> Shelter/Transitional <input type="checkbox"/> Unhoused/Homeless	Primary Language (list all that apply):
Email:	Phone:
Ethnicity (select all that apply): <input type="checkbox"/> White <input type="checkbox"/> Asian, Chinese, Filipino, Japanese, <input type="checkbox"/> Hispanic, Latino, or Spanish Korean, or Vietnamese <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific <input type="checkbox"/> American Indian or Alaska Islander <input type="checkbox"/> Some other race or ethnicity <input type="checkbox"/> Middle Eastern or North <input type="checkbox"/> Don't know African <input type="checkbox"/> Undisclosed	Self-Identify As: <input type="checkbox"/> Disability <input type="checkbox"/> Veteran <input type="checkbox"/> None <input type="checkbox"/> Other <input type="checkbox"/> Undisclosed Does your household receive SNAP and/or TANF? <input type="checkbox"/> SNAP <input type="checkbox"/> TANF <input type="checkbox"/> Both <input type="checkbox"/> None <input type="checkbox"/> Undisclosed
Highest Level of Education Completed: <input type="checkbox"/> Grades 0-8 <input type="checkbox"/> Grades 9-11 <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> Post-Secondary (some) <input type="checkbox"/> Trade school <input type="checkbox"/> 2 Year Degree <input type="checkbox"/> 4 Year Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> PhD <input type="checkbox"/> Undisclosed	Employee Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Retired <input type="checkbox"/> Self-Employment <input type="checkbox"/> Post-Secondary Student <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Undisclosed
Does anyone in your household have the following dietary concerns?	
<input type="checkbox"/> Blood Pressure/ Low Sodium Diet <input type="checkbox"/> Diabetic/Low Sugar <input type="checkbox"/> Gluten Free <input type="checkbox"/> Halal <input type="checkbox"/> Kosher <input type="checkbox"/> Vegan <input type="checkbox"/> Vegetarian <input type="checkbox"/> Limited Cooking Equipment	<input type="checkbox"/> Dairy Allergy <input type="checkbox"/> Pork Allergy <input type="checkbox"/> Peanut Allergy <input type="checkbox"/> Seafood Allergy <input type="checkbox"/> None <input type="checkbox"/> Undisclosed
*Number of Adults in Household:	*Number of Children in Household:

Please list any additional household members, excluding yourself:

Name: _____

DOB: _____ **Relationship to you:** _____

Gender: Male Female Non-binary Transgender Man Transgender Female Undisclosed

Ethnicity (select all that apply):

- White Hispanic or Latino Black or African American American Indian or Alaska Native
- Middle Eastern or North African Asian, Chinese, Filipino, Japanese, Korean, or Vietnamese
- Native Hawaiian or Pacific Islander Some other race or ethnicity Don't know Undisclosed

Name: _____

DOB: _____ **Relationship to you:** _____

Gender: Male Female Non-binary Transgender Man Transgender Female Undisclosed

Ethnicity (select all that apply):

- White Hispanic or Latino Black or African American American Indian or Alaska Native
- Middle Eastern or North African Asian, Chinese, Filipino, Japanese, Korean, or Vietnamese
- Native Hawaiian or Pacific Islander Some other race or ethnicity Don't know Undisclosed

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