



Service
Insights
Initiative

FOR STAFF USE ONLY:

Barcode #: _____

Service Insights Intake Form – Please Print Clearly

Date: _____

Required Questions are ***bold**

* **First name:** _____ * **Last name:** _____

* **Date of Birth:** ____/____/____ (mm/dd/yyyy) OR Age: _____

* **Gender:**

- | | | |
|---|---|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Transgender |
| <input type="checkbox"/> Trans Female/Trans Woman | <input type="checkbox"/> Trans Male/Trans Man | <input type="checkbox"/> Non-binary |
| <input type="checkbox"/> Gender non-conforming | <input type="checkbox"/> None of these | <input type="checkbox"/> Don't Know / Prefer not to answer |

* **Race / Ethnicity (choose all that apply):**

- | | | |
|--|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Hispanic, Latino, or Spanish | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Middle Eastern or North African |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Some other race or ethnicity | |
| <input type="checkbox"/> Don't Know / Prefer not to answer | | |

* **Address:** _____ Address (Line 2): _____

* **City:** _____ * **State:** _____ * **Zip code:** _____

* **County:** _____

☐ No fixed address

Email Address: _____

☐ Ok to contact via email

* **Phone number:** _____

☐ Ok to contact via phone

☐ No phone

What method of communication do you prefer?

- ☐ Text ☐ Call ☐ Email

Preferred Language(s):

- | | |
|----------------------------------|---------------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Arabic |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Amharic |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Other: _____ |

Do you need translation services? ☐ Yes ☐ No

***HOUSEHOLD MEMBERS - Provide the following information for all other members living in the household**

*First Name	*Last Name	*Date of Birth (Month/Day/Year) OR Age	Gender	Ethnicity

Proxy: Is there someone else who may pick up food for you?

First name: _____ Last name: _____ Phone number: _____

*** Is anyone in your household currently receiving SNAP, also known as food stamps?**

☐ Yes ☐ No ☐ Don't know / Prefer not to answer

Other Government Programs (select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> TANF or cash assistance | <input type="checkbox"/> Free/reduced price school meals |
| <input type="checkbox"/> Women, Infants, and Children (WIC) | <input type="checkbox"/> Earned Income Tax Credit (EITC) or other refundable tax credits |
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP) |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> Social Security Disability Insurance (SSDI) or disability payments | <input type="checkbox"/> Worker's Compensation |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> Housing subsidies |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Veteran's Assistance |
| <input type="checkbox"/> Children's Health Insurance Program (CHIP) | <input type="checkbox"/> Commodity Supplemental Food Program |

Household Monthly Income:

- | | | |
|--|--|--|
| <input type="checkbox"/> Zero | <input type="checkbox"/> Less than \$500 | <input type="checkbox"/> \$500 – \$999 |
| <input type="checkbox"/> \$1,000 – \$1,999 | <input type="checkbox"/> \$2,000 – \$2,999 | <input type="checkbox"/> \$3,000 – \$3,999 |
| <input type="checkbox"/> \$4,000 or more | <input type="checkbox"/> Don't know / Prefer not to answer | |

Military Status:

- | | |
|---|--|
| <input type="checkbox"/> Yes, on active duty in the past, but not now | <input type="checkbox"/> Yes, now on active duty |
| <input type="checkbox"/> No, never on active duty except for initial/basic training | <input type="checkbox"/> Don't know / Prefer not to answer |
| <input type="checkbox"/> No, never served in the U.S. Armed Forces | |

Dietary Considerations:

- | | | |
|---|---|--|
| <input type="checkbox"/> Low-sugar / low-carb ("diabetes-friendly") | <input type="checkbox"/> Low-sodium / low-saturated fat ("heart healthy") | <input type="checkbox"/> Halal |
| <input type="checkbox"/> Gluten-free | <input type="checkbox"/> Kosher | <input type="checkbox"/> Vegan |
| <input type="checkbox"/> Vegetarian | <input type="checkbox"/> Soft diet / dental concerns | <input type="checkbox"/> Limited / No cooking equipment |
| <input type="checkbox"/> Food allergen: _____ | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Don't know / Prefer not to answer |
| <input type="checkbox"/> No restrictions | | |

Notes: include any information you would like us to know. Examples: "Looking for diapers." "We need dog food."

THE CAFB DATA PROMISE

We will treat you and your information with dignity and respect.

We will keep your information safe and secure.

We will only use this information to provide better services for you.