

Date \_\_\_\_\_

# INTAKE FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

DOB \_\_\_\_\_

We are affiliated with the Kansas Foodbank and they require us to keep statistical reports of the number of people we serve. Thank you for taking a moment to fill out this form for our records.  
We appreciate your cooperation.

Number of people in household \_\_\_\_\_

Number of children (18 years and under) \_\_\_\_\_

Number of adult females (under age 65) \_\_\_\_\_

Number of adult males (under age 65) \_\_\_\_\_

Number of seniors 65 years and older \_\_\_\_\_

Please put the number of people in the box below that best fits your family's nationality.

Caucasian / White \_\_\_\_\_

African American \_\_\_\_\_

Hispanic / Latino \_\_\_\_\_

Multi Racial \_\_\_\_\_

Native American \_\_\_\_\_

Asian / Pacific Islander \_\_\_\_\_

Are you qualified for TEFAP / USDA Commodities? \_\_\_\_\_

Name of person allowed to pick up food for you. \_\_\_\_\_

Address: \_\_\_\_\_

Have you accessed food from us before? YES \_\_\_\_\_ or NO \_\_\_\_\_

ID \_\_\_\_\_ Utility Bill \_\_\_\_\_