

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 _____