

Date _____

Name _____ DOB _____

Address _____

INTAKE FORM

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 seniors 65 years and older _____

Number of adult males (under age 65) _____

Number of adult females (under age 65) _____

Number of children (18 years and under) _____

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 _____

Have you accessed food from us before?

YES _____ or NO _____