

INTAKE FORM

File updated: 5/9/25

We ask for basic information to better understand who we serve and advocate for the needs of our community. You only need to fill it out once. Please fill this out today and leave it with a volunteer. Please write legibly and fill out as many fields as you can.

Full Name:

FIRST NAME LAST NAME

Date of Birth: / / **Phone:** () -

MONTH DAY YEAR

☐ It is OK to Contact me

Gender: ☐ Male ☐ Female ☐ Transgender ☐ Other:

Race: ☐ White ☐ Hispanic, Latino, Spanish ☐ Black / African American ☐ Asian ☐ American Indian ☐ Middle Eastern, Northern African ☐ Hawaiian / Pacific Islander ☐ Other: ☐ Do not know / Prefer not to say

*select all that apply

Contact: **Address:**

Street City State Zip

Email:

Household: (DEPENDENTS) Please complete information for OTHER MEMBERS of your household:

Full Name	Date of Birth			OR	Age	Gender	Race
	Month	Day	Year				
	/	/		OR			
	/	/		OR			
	/	/		OR			
	/	/		OR			
	/	/		OR			
	/	/		OR			
	/	/		OR			
	/	/		OR			
	/	/		OR			

Is anyone in your household receiving SNAP or Food Stamps? ☐ Yes ☐ No ☐ Don't know / Prefer not to say

This question does not impact service. If you would like more information about SNAP, call 1-855-444-5556 (Nebraska residents) or 1-855-944-3663 (Iowa residents).

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Does anyone in your Household currently receive benefits through the following Government programs?

☐ Social Security ☐ SSDI / Disability ☐ SSI ☐ Medicare ☐ Medicaid ☐ Unemployment
☐ ADC ☐ AABD ☐ LIHEAP ☐ Medical Only, State Disability (Nebraska) ☐ RRP ☐ Other:

In the last month, did you or anyone in your household work for pay full-time (30+ hours)? ☐ Yes ☐ No ☐ Don't know / Prefer not to say

What's your living situation today?

☐ I have a steady place to live ☐ I have a place to live, but am worried about losing it in the future. ☐ I do not have a steady place to live ☐ Don't Know / Prefer not to answer

Does anyone in your household, including yourself, have a disability that prevents them from accepting any kind of work for the next six months? ☐ Yes ☐ No ☐ Don't know / Prefer not to say

Which category best represents the total monthly income of all members in your household combined: ☐ Zero ☐ \$500 or less ☐ \$500-\$999 ☐ \$1,000-\$1,999
☐ \$2,000-\$2,999 ☐ \$3,000-\$3,999 ☐ \$4,000 or more ☐ Don't know / Prefer not to say

Has anyone in your household, including yourself, served on active duty in the U.S. Armed Forces?

☐ Yes, on active duty in the past, but not now ☐ Yes, on active duty now ☐ No, never active duty except for initial/basic training ☐ No, never served in the Armed Forces ☐ Don't know / Prefer not to answer

Do you have any Dietary Restrictions? (select all that apply)

☐ Low-sugar (diabetes friendly) ☐ Vegetarian ☐ Vegan ☐ Halal ☐ Gluten-Free ☐ Kosher ☐ Limited / No Cooking
☐ Low-Sodium / low Saturated Fat ("Heart Healthy") ☐ None ☐ Other:

Has anyone in your household been told by a doctor or other health professional that they have any of the following conditions?

☐ Diabetes / pre-diabetes ☐ High Blood Pressure / Hypertension ☐ Heart Disease / Stroke ☐ None ☐ Don't know / Prefer not to answer

Please indicate whether the following is true:

"Within the past 30 days we worried whether our food would run out before we got money to buy more." ☐ Often True ☐ Sometimes True ☐ Never True
"Within the past 30 days the food we bought just didn't last and we didn't have money to get more." ☐ Often True ☐ Sometimes True ☐ Never True



Questions? Ask a staff member or visit FoodBankHeartland.org/Service-Insights

