



Service Insights Initiative

FOR STAFF USE ONLY:

Barcode #: _____

Link2Feed Paper Intake Form – Please Print Clearly

Date: _____

About You

* 姓氏 (Last name): _____ * 名字 (First name): _____

* 出生日期 (Date of Birth): ____/____/____ (年/月/日, mm/dd/yyyy)

估计生日? (Estimated Birthdate?) 是 (Yes) 否 (No)

* 性别 (Gender):

男 (Male) 女 (Female) 跨性别 (Transgender) 保密 (Undisclosed) 其他 (Other)

* 婚姻状况 (Marital status):

未婚 (Single) 离婚 (Divorced) 丧偶 (Widowed) 同居 (Common-Law)

已婚 (Married) 分居 (Separated) 保密 (Undisclosed)

* 地址 (Address): _____

* 地址, 第 2 行 (Address, Line 2): _____

* 城市 (City): _____ * 省份 (State): _____ * 邮编 (Zip code): _____

无固定地址 (No fixed address)

* 种族/族裔 (选择所有适用项) (Race / Ethnicity (choose all that apply)):

白人/欧裔白人 (White / Anglo) 中东 (Middle-Eastern)/北非 (North-African)

黑人 (Black)/非裔美国人 (African American) 太平洋岛民 (Pacific Islander)

西班牙裔 (Hispanic)/拉美裔 (Latino) 不知道 (Don't Know)

亚裔 (Asian) 无 (None)

美洲印第安人 (American Indian)/美洲原住民 (Native American) 宁愿不说 (Prefer not to say)

阿拉斯加原住民 (Alaska Native)/阿留申人 (Aleut)/爱斯基摩人 (Eskimo)

* 自我定义为 (Self-Identifies As):

退伍军人 (Veteran)

是 (Yes) 否 (No)

Monthly Household Income

您的收入来源 (Your Income Sources):	金额 (Amount)
<input type="checkbox"/> 全职工作 (Full-Time Employment)	\$ _____
<input type="checkbox"/> 兼职工作 (Part-Time Employment)	\$ _____
<input type="checkbox"/> 社保 (Social Security)	\$ _____
<input type="checkbox"/> 残疾保障 (Disability)	\$ _____
<input type="checkbox"/> 无收入 (No Income)	
<input type="checkbox"/> 保密 (Undisclosed)	
<input type="checkbox"/> 其他 (Other): _____	

享受的社会服务 (Social Services Received):

补充营养援助计划 (SNAP)

向有需要家庭提供临时援助 (TANF)

您的家庭成员(Your Household Members)

请勿填写自己 (Do not include yourself)

与本人的关系 (Their Relationship to Me)	名字 (First name)	姓氏 (Last name)	出生日期 (Date of Birth)	退伍军人 (Veteran)	成员性别 (Their Gender)	成员族裔 (Their Ethnicity)