

Agency Name:	
Distribution Date or Me	onth:

Please answering the following questions about **your household**. By "household," we mean people you live and share food with. A household can be one person. Your responses to these questions **are anonymous and confidential** and will help us plan our distributions. If you do not feel comfortable answering one of the questions, you may leave it blank.

Household #	First visit to agency? (Y/N)	Total # of people in household	# of children (0-5) in household	# of children (6-11) in household	# of children (12-17) in household	# of older adults (60+) in household	# of veterans in household	Household enrolled in SNAP/EBT? (Y/N)
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## Good food today. Brighter futures tomorrow.

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