



服务 (Service)  
 洞察 (Insights)  
 倡议 (Initiative)

仅供员工使用 (FOR STAFF USE ONLY):

条形码 #(Barcode #): \_\_\_\_\_

服务洞察取餐登记表——请打印清晰 (Service Insights Intake Form – Please Print Clearly) 日期 (Date): \_\_\_\_\_

**必填问题为\*粗体 (Required Questions are \*bold)**

\* 名字 (First name): \_\_\_\_\_ \* 姓氏 (Last name): \_\_\_\_\_

\* 出生日期 (Date of Birth): \_\_\_\_/\_\_\_\_/\_\_\_\_(月/日/年 [mm/dd/yyyy]) 或 (OR) 年龄 (Age): \_\_\_\_\_

**\*性别 (Gender):**

男性 (Male)       女性 (Female)       跨性别 (Transgender)       跨性别女性/跨性别女士 (Trans Female/Trans Woman)

跨性别男性/跨性别男士 (Trans Male/Trans Man)       非二元性别 (Non-binary)

性别不符 (Gender non-conforming)       以上均不是 (None of these)       不知道/不愿作答 (Don't Know / Prefer not to answer)

**\*种族/民族 (选择所有适用项) [Race / Ethnicity (choose all that apply)]:**

白种人 (White)     西班牙裔、拉丁裔或西班牙人 (Hispanic, Latino, or Spanish)     黑种人或非洲裔美洲裔 (Black or African American)

亚裔 (Asian)     美洲印第安人或阿拉斯加原住民 (American Indian or Alaska Native)     中东或北非裔 (Middle Eastern or North African)

夏威夷原住民或其他太平洋岛民 (Native Hawaiian or Other Pacific Islander)       其他种族或民族 (Some other race or ethnicity)

不知道/不愿作答 (Don't Know / Prefer not to answer)

\* 地址 (Address): \_\_\_\_\_ 地址 (第 2 行) [Address (Line 2)]: \_\_\_\_\_

\* 市 (City): \_\_\_\_\_ \* 州/省 (State): \_\_\_\_\_ \* 邮政编码 (Zip code): \_\_\_\_\_

\* 郡/县 (County): \_\_\_\_\_

无固定地址 (No fixed address)

电子邮箱地址 (Email Address): \_\_\_\_\_ \* 电话号码 (Phone number): \_\_\_\_\_

可以通过电子邮件联系 (Ok to contact via email)       可以通过电话联系 (Ok to contact via phone)

没有电话 (No phone)

您更喜欢哪种沟通方式? (What method of communication do you prefer?)

短信 (Text)       电话 (Call)       电子邮件 (Email)

**首选语言 [Preferred Language(s)]:**

英语 (English)       阿拉伯语 (Arabic)

西班牙语 (Spanish)       阿姆哈拉语 (Amharic)

韩语 (Korean)       其他 (Other): \_\_\_\_\_

您是否需要翻译服务? (Do you need translation services?)

是 (Yes)     否 (No)

**\*家庭成员——请为居住在家中的所有其他成员提供以下信息 (\*HOUSEHOLD MEMBERS - Provide the following information for all other members living in the household)**

* 名字 (First Name)	* 姓氏 (Last Name)	* 出生日期 (月/日/年) 或年龄 [Date of Birth (Month/Day/Year) OR Age]	性别 (Gender)	种族 (Ethnicity)

代理人：还有其他人可代您取餐吗？ (Proxy: Is there someone else who may pick up food for you?)

名字 (First name): \_\_\_\_\_ 姓氏 (Last name): \_\_\_\_\_ 电话号码 (Phone number): \_\_\_\_\_

\*目前您家中是否有人接受补充营养援助（又称食物券）？ (Is anyone in your household currently receiving SNAP, also known as food stamps?)

是 (Yes)       否 (No)       不知道/不愿作答 (Don't know / Prefer not to answer)

其他政府计划（请选择所有适用项） [Other Government Programs (select all that apply)]

- |  |  |
|--|--|
| <input type="checkbox"/> 贫困家庭临时援助或现金援助 (TANF or cash assistance)   | <input type="checkbox"/> 儿童健康保险计划(CHIP) [Children's Health Insurance Program (CHIP)]                           |
| <input type="checkbox"/> 妇女、婴幼儿和儿童(WIC) [Women, Infants, and Children (WIC)]                                       | <input type="checkbox"/> 免费/减价校餐 (Free/reduced price school meals)   |
| <input type="checkbox"/> 社会保障 (Social Security)  | <input type="checkbox"/> 所得税抵免(EITC)或其他可退税抵免 (Earned Income Tax Credit (EITC) or other refundable tax credits) |
| <input type="checkbox"/> 社会保障生活补助(SSDI) [Supplemental Security Income (SSI)]                                       | <input type="checkbox"/> 低收入家庭能源援助计划(LIHEAP) [Low Income Home Energy Assistance Program (LIHEAP)]              |
| <input type="checkbox"/> 社会残疾保障保险(SSDI)或残疾救济金 (Social Security Disability Insurance (SSDI) or disability payments) | <input type="checkbox"/> 失业补助 (Unemployment)   |
| <input type="checkbox"/> 医疗保险 (Medicare)   | <input type="checkbox"/> 工伤补偿 (Worker's Compensation)  |
| <input type="checkbox"/> 医疗补助 (Medicaid)   | <input type="checkbox"/> 住房补贴 (Housing subsidies)  |
|  | <input type="checkbox"/> 退伍军人援助 (Veteran's Assistance)   |
|  | <input type="checkbox"/> 商品补充食品计划 (Commodity Supplemental Food Program)  |

家庭收入 (Household Income):

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> 零 (Zero)                      | <input type="checkbox"/> \$500以下 (Less than \$500)                    | <input type="checkbox"/> \$500 – \$999     |
| <input type="checkbox"/> \$1,000 – \$1,999             | <input type="checkbox"/> \$2,000 – \$2,999                            | <input type="checkbox"/> \$3,000 – \$3,999 |
| <input type="checkbox"/> \$4,000 或以上 (\$4,000 or more) | <input type="checkbox"/> 不知道/不愿作答 (Don't know / Prefer not to answer) |  |

服兵役状态 (Military Status):

- 是，之前是现役军人，但现在不是 (Yes, on active duty in the past, but not now)       是，现在是现役军人 (Yes, now on active duty)
- 否，除初始/基本培训外，从来不是现役军人 (No, never on active duty except for initial/basic training)
- 不知道/不愿作答 (Don't know / Prefer not to answer)       否，从未在美国武装部队服役 (No, never served in the U.S. Armed Forces)

饮食注意事项 (Dietary Considerations):

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> 低糖/低碳 (“糖尿病友好型”) [Low-sugar / low-carb ("diabetes-friendly")] | <input type="checkbox"/> 低钠/低饱和脂肪 (“心脏健康”) [Low-sodium / low-saturated fat ("heart healthy")] | <input type="checkbox"/> 清真 (Halal)                                   |
| <input type="checkbox"/> 无麸质 (Gluten-free)   | <input type="checkbox"/> 犹太教 (Kosher)   | <input type="checkbox"/> 素食 (Vegan)                                   |
| <input type="checkbox"/> 素食 (Vegetarian)   | <input type="checkbox"/> 软食/牙齿问题 (Soft diet / dental concerns)                                | <input type="checkbox"/> 烹饪设备有限/无 (Limited / No cooking equipment)    |
| <input type="checkbox"/> 食物过敏原 (Food allergen): _____                                  | <input type="checkbox"/> 其他 (Other): _____  | <input type="checkbox"/> 不知道/不愿作答 (Don't know / Prefer not to answer) |
| <input type="checkbox"/> 无忌口 (No restrictions)   |   |   |

**注意：请涵盖您希望我们知道的任何信息。示例：“正在寻找尿布。”“我们需要狗粮。”**  
(Notes: include any information you would like us to know. Examples: “Looking for diapers.” “We need dog food.”)

### CAFB 数据承诺 (THE CAFB DATA PROMISE)

我们将严肃认真地对待您及相关信息。(We will treat you and your information with dignity and respect.)

我们将保护保障您的信息安全。(We will keep your information safe and secure.)

我们仅将相关信息用于改进服务。(We will only use this information to provide better services for you.)