Service Insights Initiative

FOR STAFF USE ONLY:

Barcode #: _____

Service Insights Intake Form – Please Print Clearly Date: _____

Required questions are bold

First name: _____ **Last name:** _____

Date of Birth: _____/_____/_____(mm/dd/yyyy) OR Age: _____

Gender:

- ☐ Male
- ☐ Female
- ☐ Transgender
- ☐ Trans Female/Trans Woman
- ☐ Trans Male/Trans Man
- ☐ Non-binary
- ☐ Gender non-conforming
- ☐ None of these
- ☐ Don't Know / Prefer not to answer

Race / Ethnicity (choose all that apply):

- ☐ White
- ☐ Hispanic, Latino, or Spanish
- ☐ Black or African American
- ☐ Asian
- ☐ American Indian or Alaska Native
- ☐ Middle Eastern or North African
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Some other race or ethnicity
- ☐ Don't Know / Prefer not to answer

Address: _____ Address (Line 2): _____

City: _____ **State:** _____ **ZIP Code:** _____

County or Ward: _____

☐ No fixed address

Email Address: _____

☐ Ok to contact via email

Phone number: _____

☐ Ok to contact via phone ☐ No phone

What method of communication do you prefer?

☐ Text ☐ Call ☐ Email

Preferred Language(s):

- ☐ English
- ☐ Spanish
- ☐ Korean
- ☐ Arabic
- ☐ Amharic
- ☐ Other: _____

Do you need translation services? ☐ Yes ☐ No

HOUSEHOLD MEMBERS - Provide the following information for all other members living in the household

First Name	**Last Name**	**Date of Birth (Month/Day/Year) OR Age**	Gender	Ethnicity

Proxy: Is there someone else who may pick up food for you?
First name:_____Last name:_____ Phone number: _____

Is anyone in your household currently receiving SNAP, also known as food stamps?
□ Yes □ No □ Don't know / Prefer not to answer

Other Government Programs (select all that apply)

□ TANF or cash assistance
□ Women, Infants, and Children (WIC)
□ Social Security
□ Supplemental Security Income (SSI)
□ Social Security Disability Insurance (SSDI) or disability payments
□ Medicare
□ Medicaid
□ Children's Health Insurance Program (CHIP)
□ Free/reduced price school meals
□ Earned Income Tax Credit (EITC) or other refundable tax credits
□ Low Income Home Energy Assistance Program (LIHEAP)
□ Unemployment
□ Worker's Compensation
□ Housing subsidies
□ Veteran's Assistance
□ Commodity Supplemental Food Program

Household Monthly Income:

□ Zero
□ Less than $500
□ $500 – $999
□ $1,000 – $1,999
□ $2,000 – $2,999
□ $3,000 – $3,999
□ $4,000 or more
□ Don't know / Prefer not to answer

Military Status:

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

Dietary Considerations:

□ Low-sugar / low-carb ("diabetes-friendly")
□ Gluten-free
□ Vegetarian
□ Food allergen: _____
□ No restrictions
□ Low-sodium / low-saturated fat ("heart healthy")
□ Kosher
□ Soft diet / dental concerns
□ Other:_____
□ Halal
□ Vegan
□ Limited / No cooking equipment
□ Don't know / Prefer not to answer

Notes: include any information you would like us to know. Examples: "Looking for diapers." "We need dog food."

THE CAFB DATA PROMISE

We will treat you and your information with dignity and respect.

We will keep your information safe and secure.

We will only use this information to provide better services for you.