

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: ()	-	<input checked="" type="checkbox"/>
	MONTH	DAY	YEAR	It is OK to Contact me <input type="checkbox"/>		

Gender: Male Female Transgender Other: _____

Race: White Hispanic, Latino, Black / African Asian American Middle Eastern,
*select all Spanish American Indian Northern African
that apply Hawaiian / Pacific Islander Other: _____ Do not know /
 Prefer not to say

Contact: Address: _____
Street _____ City _____ State _____ Zip _____

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

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



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