

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:** () -

MONTH DAY YEAR

☐ It is OK to Contact me

Gender: ☐ Male ☐ Female ☐ Transgender ☐ Other:

Race: ☐ White ☐ Hispanic, Latino, Spanish ☐ Black / African American ☐ Asian ☐ American Indian ☐ Middle Eastern, Northern African ☐ Hawaiian / Pacific Islander ☐ Other: ☐ Do not know / Prefer not to say

*select all that apply

Contact: Address:

Street City State Zip

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

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

