

Date of first visit: _____

Please complete this form to re-register as a Food Bank client.

The Food Bank for Larimer County collects information to best serve our community. **We do not share any personal information with third parties or with any partner organization.** Our system uses the latest technology to keep your personal information safe and secure. If you have any questions regarding our use of this information, please call us at 970-493-4477 or email info@foodbanklarimer.org.



Last Name:				First Name:			
Date of Birth:	Gender Identification:		Female	Male	Transgender	None of these	Prefer not to answer
Marital Status:	Common-law	Single	Married	Divorced	Separated	Widowed	Prefer not to answer
Street Address:							
City/State:				Zip Code:			
Housing Type:	Transitional	Evacuee	Own Home	Private Rental	Public Housing	Unhoused	
	Youth Home or Shelter	with Family or Friends		Other	Prefer not to answer		
Email Address:				Phone Number:			
Ethnicity:	White	Black or African American	Hispanic or Latino	American Indian or Native American		Asian	
<i>Circle all that apply</i>	Alaska Native or Eskimo	Middle-Eastern or North African		Pacific Islander	Other	Prefer not to answer	
Are you?:	Disabled	Veteran	Neither	Prefer not to answer			
Completed Level of Education:	Grade 0-8	Grade 9-11	High School Diploma	GED	Post-Secondary	Trade School	
	2-Year/Assoc. Degree		4-Year/Bachelor's Degree	Master's Degree	Terminal Degree (PhD, JD, MD)		
	Prefer not to answer						

Please continue filling out form on the back.

Other Members of the Household (Please use an additional form if needed.)

Full Name	Date of Birth	Gender	Relationship	Ethnicity	Disabled	Veteran
					Y N	Y N
					Y N	Y N
					Y N	Y N
					Y N	Y N
					Y N	Y N
					Y N	Y N

Does anyone in your household receive SNAP (food stamps) benefits? Yes No

Monthly Income (Please use an additional form if needed.)

Name of Person Earning Income	Income Type* <i>(*choose from the options listed below)</i>	Monthly \$	Primary income source?
			Y N
			Y N
			Y N
			Y N

**Income Type options: Full-Time, Part-Time, Social Security, Private Disability, Private Pension, Loans/Scholarships, Social Assistance, Spouse or Family Support, No Income, or prefer not to answer.*

Social Services: <i>Circle all you receive</i>	Medicaid	Aid To the Needy	Aid To The Blind	SFP (Senior Box)	LEAP (Energy Assistance)
	Medicaid Eligible Foster Children	Assistance to Needy Families (TANF)	Old Age Pension	Supplemental Security	Income (SSI) Temporary

Staff Use Only - Distributed today: Diapers Wipes Double Distribution