

Staff Use Only Date of first visit: \_\_\_\_\_

Distributed Today: Diapers / Wipes / Double Distribution

**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](mailto:info@foodbanklarimer.org).



<b>Last Name:</b>		<b>First Name:</b>							
<b>Date of Birth:</b>	<b>Gender (identify as):</b> Female Male Transgender None of these Prefer not to answer								
<b>Marital Status:</b>	Single	Married	Common-law	Divorced	Separated	Widowed	Prefer not to answer		
<b>Street Address:</b>			<b>Lot or Apartment Number:</b>						
<b>City/State:</b>			<b>Zip Code:</b>						
<b>Housing Type:</b>	Transitional with Family or Friends	Evacuee	Other Youth Home or Shelter	Own Home	Private Rental Prefer not to answer	Public Housing	Unhoused		
<b>Email Address:</b>			<b>Phone Number:</b>						
<b>Race:</b> <i>Please check all that apply</i>	Black or African-American	Hispanic or Latino	American Indian or Native American	White	Asian	Alaska Native or Eskimo	Middle-Eastern or North African	Pacific Islander	Prefer not to answer
<b>Are you?:</b>	Disabled	Veteran	Neither	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

<b>Education:</b>	Grade 0-8 2 Year Degree	Grade 9-11 4 Year Degree	High School Diploma Master's Degree	GED PhD	Post-Secondary Prefer not to answer	Trade School
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**Does anyone in your household receive SNAP (food stamps) benefits?**

**If no, would you like us to contact you about SNAP benefits?**

<b>Social Services:</b> <i>Please check all you receive</i>	Medicaid	Aid To the Needy	Aid To The Blind	CSFP (Senior Box)	LEAP (Energy As-sistance)
	Medicaid Eligible	Foster Children	Old Age Pension	SNAP (Food Stamps)	
	Supplemental Security Income (SSI)	Temporary Assistance to Needy Families (TANF)			

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

Name of Person Earning Income <small>(Include in the boxes the names of the people who live with you and receive income)</small>	Income Type*	Monthly \$	Primary income source?