

Staff Use Only Date of first visit: _____

Distributed Today: Diapers / Wipes / Double Distribution

ID Verified?

Address Verified?

Staff Initials: _____

Staff Initials: _____

Please complete this form to renew or 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 (identify as): Female Male Transgender None of these Prefer not to answer								
Marital Status:	Single	Married	Common-law	Divorced	Separated	Widowed	Prefer not to answer		
Street Address:			Lot or Apartment Number:						
City/State:		County: <small>Only those who can document residence in Larimer County are eligible to receive service</small>			Zip Code:				
Housing Type:	Transitional with Family or Friends	Evacuee	Other Youth Home or Shelter	Own Home	Private Rental Prefer not to answer	Public Housing	Unhoused		
Email Address:			Phone Number:						
Race: <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
Are you?:	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

Education:	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?

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