For Official Use Only:
HFB Card # HFB_____

Neighbor Connector Standard Intake Form

Please complete the highlighted information.

Basic Information

1. First Name_____ **2. Middle Initial (MI)** _____ **3. Last Name**_____

4. Suffix_____ **5. Date of Birth (MM/DD/YYYY)**_____

Contact

6. Address_____ **7. Apartment, Floor, etc.**_____

8. City_____ **9. State**_____ **10. Zip**_____

11. *Why:* *We are asking for your address to help keep your record unique from others', to identify additional resources or programs in your community that you may be eligible for, and to help us understand geographic patterns in our services.*

12. *What to do:* *Write "No fixed address" if you do not have a current address because you are unhoused or in temporary housing.*

13. Email Address_____ **14. Ok to Contact** ☐ Yes ☐ No

15. Phone #_____ **16. Ok to Contact** ☐ Yes ☐ No

17. *Why:* *We are asking for your email address/phone number in case we have a critical food recall, to send you important information about our programs and services, or to connect you with more services.*

18. *What to do:* *If you don't have an email address/phone number, please provide the email address of a relative, friend, or other close contact who can inform you of any updates we provide.*

19. What Method of Communication do you prefer? (you may select more than one)

☐ Text ☐ Call ☐ Email

Gender Identity

20. What gender do you identify as? (select one)

21. *Why:* *We are asking for your gender identity to help us understand the community we serve and identify resources or programs to support them.*

☐ Male ☐ Female ☐ Other: _____

Race/Ethnicity

22. What race or ethnicity do you identify as? (you may select more than one)

☐ **White**
- ☐ German
- ☐ Irish
- ☐ English
- ☐ Italian
- ☐ Polish
- ☐ French
- ☐ Portuguese

☐ **Hispanic, Latino or Spanish**
- ☐ Mexican or Mexican American
- ☐ Puerto Rican
- ☐ Cuban
- ☐ Salvadoran
- ☐ Dominican
- ☐ Colombian ☐ Peruvian
- ☐ Venezuelan ☐ Guatemalan
- ☐ Honduran ☐ Bolivian

☐ **Black or African American**
- ☐ African American
- ☐ Jamaican
- ☐ Haitian
- ☐ Ethiopian
- ☐ Somali
- ☐ Sierra Leonean

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☐ **Asian**
- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Indonesian
- ☐ Japanese
- ☐ Korean
- ☐ Lao
- ☐ Okinawan
- ☐ Thai
- ☐ Vietnamese

☐ **American Indian or Alaska Native**
- ☐ American Indian or Native American
- ☐ Alaska Native
- ☐ Aleut
- ☐ Eskimo
- ☐ Cherokee
- ☐ Choctaw
- ☐ Muscogee (Creek)
- ☐ Osage
- ☐ Other Tribal Affiliation

☐ **Middle Eastern or North African**
- ☐ Lebanese
- ☐ Iranian
- ☐ Egyptian
- ☐ Syrian
- ☐ Moroccan
- ☐ Israeli
- ☐ Afghan

☐ **Native Hawaiian or Other Pacific Islander**
- ☐ Chamorro
- ☐ Fijian
- ☐ Marshallese
- ☐ Micronesian
- ☐ Native Hawaiian
- ☐ Palauan
- ☐ Samoan
- ☐ Tahitian
- ☐ Tongan

☐ Some other race or ethnicity

_____

Household

23. How is a household defined? Everyone who lives together and purchases and prepares meals together is grouped together as one household.

24. How many people in your household, *not including yourself*, will benefit from the services provided today? (If you have more than 7 additional household members, please ask for another form.

25. Why: We are asking for your household member count to better understand how many people benefit from our services. This will help us predict how much food and other items we need in the future. We are asking for your household member details to better understand the unique needs of other members in your households. This will also make intake easier should another member visit.

24a. # of Adults (18+ yrs.)_____ **24b. # of Children (0-17 yrs.)**_____

26. First Name & MI	27. Last Name (if same as yours write same)	28. DOB or Age (MM/DD/YYYY)	29. Gender Identity	30. Race/Ethnicity

Proxy

31. How many active people outside of your household would be picking up food for you?

32. Why: We are asking for proxy information to authorize someone outside of your household who will be picking up food for you in the future.

33. First Name & MI	34. Last Name	35. Phone #

Language(s)

36. What language do you prefer to speak?

SNAP Benefits

37. Is anyone in your household currently receiving SNAP or food stamps? ☐ Yes ☐ No

38. *Why:* *We are asking about SNAP Benefits to help us understand who may be eligible for SNAP/food stamps and to help provide access to those resources if possible.*

39. *What to do:* *The Supplemental Nutrition Assistance Program (SNAP), formally known as food stamps, provides an EBT card payment that can be used at grocery stores for food purchase. Households and seniors living on lower income and people with disabilities living on a fixed income are eligible.*

Other Government Programs

40. Does anyone in your household currently receive benefits through the following government programs? (you may select more than one)

41. *Why:* *We are asking about other government programs to help us understand who may be eligible for certain programs and to help provide access to those resources if possible.*

☐ Commodity Supplemental Food Program (CSFP) or Senior Food Box	☐ Earned Income Tax Credit (EITC) or other refundable tax credits	☐ Free/reduced price school meals
☐ HeadStart	☐ Housing subsidies	☐ Low Cost Drugs for the elderly or Disabled
☐ Low Income Home Energy Assistance Program (LIHEAP)	☐ Medicaid (QUEST)	☐ Medicare
☐ Public Housing	☐ DA BUX Program (SNAP recipients only)	☐ Social Security
☐ Social Security Disability Insurance (SSDI) or disability payments	☐ Supplemental Security Income (SSI)	☐ TANF or cash assistance
☐ Unemployment	☐ Veteran's Assistance	☐ Weatherization
☐ Women, Infants, and Children (WIC)	☐ Worker's Compensation	☐ None
☐ Don't know/Prefer not to answer		

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Employment & Military Status

42. In the last month, did you or anyone in your household work for pay full-time (for 30 hours per week or more)? ☐ Yes ☐ No

43. Has anyone in your household, including yourself, served on active duty in the U.S. Armed Forces? Active duty includes serving in the U.S. Armed Forces as well as activation from the Reserves or National Guard. (select one)

☐ Yes, on active duty in the past, but not now (Eg. Veteran, reserves, etc.)
☐ Yes, now on active duty
☐ No, never on active duty except for initial/basic training
☐ **No, never served in the U.S. Armed Forces**
☐ Don't know / Prefer not to answer

44. Data Sharing Acknowledgement

To improve our programs and connect you with additional services, we may need to share your personal information with third parties, such as healthcare providers, social service providers, and our other partners, as described in our Privacy Policy. Please indicate below whether you agree to share your personal information with these third party organizations. We will not deny you services based on your answer.

Acknowledgement to share personal information with third parties
☐ I agree to share my personal information with third parties
☐ I do not agree to share my personal information with third parties

45. Signature of Participant_____ **46. Date**_____