



Pantry Name: _____

Required Information:

Last Name: _____

First Name: _____

Date of Birth: _____ Is date of birth estimated? _____

Address:

Street: _____

County: _____ City: _____ State: _____ Zip: _____

Answering the questions below will NOT affect any service you receive now or your ability to receive services in the future. You may select "Undisclosed" for any question you do not wish to answer.

This information will not be shared with anyone except Greater Pittsburgh Community Food Bank. By answering these questions, you're helping us serve the community and continue to provide support.

Gender:

___ Male ___ Female ___ Transgender ___ Undisclosed ___ Other

Marital Status:

___ Single ___ Married ___ Divorced ___ Separated ___ Widowed ___ Undisclosed ___ Common-Law

Housing Type:

___ Emergency Shelter/Mission/Transitional ___ Private Rental ___ With family/friends
___ Evacuee ___ Public Housing ___ Youth Home/Shelter
___ Other ___ Undisclosed ___ Own Home
___ Unhoused

Email Address:

Phone Number:

Referred by:

Languages: _____

Ethnicity:

___ White/Anglo ___ Asian ___ Other
___ Black/African American ___ Alaskan Native/Aleut/Eskimo ___ None
___ Hispanic/Latino ___ Middle Eastern/North African ___ Undisclosed
___ American Indian/Native American ___ Pacific Islander

Identifies As:

Active Military Veteran Disability Other None Undisclosed

Highest Education Level Completed:

Grades 0-8 Post Secondary (Some) Master's Degree
 Grades 9-11 Trade School Ph.D.
 High school diploma 2 Year Degree Undisclosed
 GED 4 Year Degree

Employment Type:

Contract Post Secondary Student Retired
 Seasonal Full Time
 Self Employed Part Time
 Temporary None
 Unemployed Undisclosed
 Work study Other

Income Type:

Disability Pension Other
 Full-Time Employment Social Security Undisclosed
 No Income Under Employment
 Part-Time Employment Unemployment

(OPTIONAL) Amount of income:

I am receiving the following:

Child Care Assistance Program Free and Reduced School Breakfast and/or Lunch SNAP
 Child Health Insurance Program LIHEAP Temporary Assistance for Needy Families (TANF)
 CSFP Medicaid / Medicare Veterans Administration (VA) Services
 Dollar Energy Section 8 Rental Assistance WIC

Dietary Considerations:

Allergy - Egg Allergy - Tree Nut Halal Vegetarian
 Allergy - Fish Allergy - Wheat Heart Disease Other (please specify)
 Allergy - Milk Arthritis Hypertension
 Allergy - Peanut Cancer Diagnosis Kosher
 Allergy - Shellfish/Crustacean Diabetic Pregnancy
 Allergy - Soy Gluten Free (Celiac Disease) Vegan

This form is to be used for the Link2Feed client intake process.

Additional Household Members

_____ Name	_____ Date of Birth	_____ Gender	_____ Relationship
_____ Ethnicity	_____ Veteran/Military/Disabled		

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