Information collected will only be used within the FeedMore network of pantries and remain anonymous to all outside parties. This information will not be shared with the government or be used to restrict the services you receive. We are an equal opportunity provider. No services will be denied if you choose not to provide this additional information. Thank you for help.

When did you first access food assistance in Virginia? (Estimation ok): Date: _____

Last name: _____ **First name:** _____

Date of Birth: ___/___/_____ (mm/dd/yyyy) **Is this birth date estimated?** □ Yes □ No

Gender: □ Female □ Male □ Transgender □ Undisclosed

Marital status: □ Single □ Common-Law □ Separated □ Undisclosed
□ Married □ Divorced □ Widowed

Address: _____

Address (Line 2): _____ **County:** _____

City: _____ **State:** _____ **Zip code:** _____

□ No fixed address/ Undisclosed

What is your current housing type? (Select one)

□ Emergency Shelter/ Mission/Transitional
□ Evacuee
□ Own Home
□ Private Rental / Renting
□ Public (Social) Housing
□ With Family/Friends
□ Youth Home / Shelter
□ Unhoused
□ Undisclosed
□ Other

Email Address: _____

Phone Number: _____

(You will only be contacted if there is important information regarding services)

What Language(s) are spoken in your household? (Select all that apply)

□ English □ Spanish □ Other: _____

Who referred you to this pantry? (Select all that apply)

□ Benefits/Social Service
□ Child Care Support
□ Client/Friend/Family
□ Community Support
□ Emergency Shelter
□ Employment Support or Education
□ Faith Organizations
□ FeedMore/Hunger Hotline
□ Financial Support or Education
□ Health Care
□ Housing Support
□ Immigration/Newcomer Services
□ Legal Support
□ Media/News/Outreach
□ Nutrition Education
□ Other Food Bank Program
□ School Program (for children)
□ Social Worker
□ Mental Health Support
□ Other

What is your Ethnicity? (Select all that apply)

□ White/Anglo
□ Black / African American
□ Arab/Arab American
□ N/A (None)
□ Asian
□ Alaska Native/ Aleut / Eskimo
□ American Indian/Native American
□ Other
□ Hispanic/Latino
□ Pacific Islander
□ Undisclosed

Profile

What was your highest education level completed? (Select one)

- □ Grades 0-8
- □ Grades 9-11
- □ High School Diploma
- □ GED
- □ Post-Secondary (Some)
- □ Trade School / Professional Accreditation
- □ 2-Year Degree
- □ 4-Year Degree
- □ Master's Degree
- □ PhD
- □ Undisclosed

Monthly Income

What is your income type? (Select main sources of income for your household, with $_____)

- □ Full-Time Employment $_____
- □ Part-Time Employment $_____
- □ Retirement or Pension $_____
- □ Social Assistance $_____
- □ Social Security Disability Insurance (SSDI) $_____
- □ Supplemental Security Income (SSI/SSA) $_____
- □ Student Loans Financial Aid $_____
- □ No Income
- □ Undisclosed
- □ Other (specify: _____) $_____

Does your household currently receive any of the following? (Select all that apply)

- □ Aid to the Aged, Blind, or Disabled
- □ Children's Health Insurance Program (CHIP)
- □ Free or Reduced Lunch
- □ Head Start
- □ Low-Income Energy Assistance (LIHEAP)
- □ Medicaid
- □ Medicare
- □ Other
- □ Pension Program
- □ SNAP
- □ SSDI/SSI/SSA
- □ TANF
- □ Vet's Aid or Armed Forces
- □ WIC

Dietary Considerations

Does anyone in your household have any Dietary Considerations? (Select all that apply)

- □ Dairy Allergy/Sensitivity
- □ Egg Allergy/Sensitivity
- □ Heart Disease
- □ Kosher
- □ Other (Specify _____)
- □ Seafood Allergy/Sensitivity
- □ Soy Allergy/ Sensitivity
- □ Dental Concerns
- □ Fruit
- □ Gluten/Wheat Allergy/Sensitivity
- □ Low Sodium
- □ No or Limited Cooking Equipment
- □ Peanut Allergy
- □ Tree Nuts Allergy/ Sensitivity
- □ Diabetic
- □ Halal
- □ Hypertension
- □ MSG
- □ No Pork
- □ Vegetarian
- □ Vegan

Primary First/ Last Name: _____

Next Additional Household Member (Other than self) :

Last name: **First name:**

Date of Birth: ____/____/______ (yyyy/mm/dd) **Is this birth date estimated?** ☐ Yes ☐ No

Gender: ☐ Female ☐ Male ☐ Transgender ☐ Undisclosed

This person is your... ☐ Spouse ☐ Common-Law Partner ☐ Child ☐ Parent
☐ Sibling ☐ Grandchild ☐ Grandparent ☐ Other Relative ☐ Boyfriend/Girlfriend
☐ Friend ☐ Roommate ☐ Other ☐ Undisclosed

What is their Ethnicity? ☐ White/Anglo ☐ Asian ☐ Black / African American
☐ Alaska Native/ Aleut / Eskimo ☐ Hispanic/Latino ☐ American Indian / Native American
☐ Arab/ Arab American ☐ Pacific Islander ☐ N/A (None) ☐ Other ☐ Undisclosed

Do they identify as any of the following?: ☐ Developmental Disability ☐ Disability ☐ Mental Illness
☐ Refugee ☐ Evacuee ☐ Postpartum ☐ Pregnant ☐ Breastfeeding
☐ Veteran ☐ PTSD ☐ Other ☐ N/A (None) ☐ Undisclosed

Next Additional Household Member (Other than self) :

Last name: **First name:**

Date of Birth: ____/____/______ (yyyy/mm/dd) **Is this birth date estimated?** ☐ Yes ☐ No

Gender: ☐ Female ☐ Male ☐ Transgender ☐ Undisclosed

This person is your... ☐ Spouse ☐ Common-Law Partner ☐ Child ☐ Parent
☐ Sibling ☐ Grandchild ☐ Grandparent ☐ Other Relative ☐ Boyfriend/Girlfriend
☐ Friend ☐ Roommate ☐ Other ☐ Undisclosed

What is their Ethnicity? ☐ White/Anglo ☐ Asian ☐ Black / African American
☐ Alaska Native/ Aleut / Eskimo ☐ Hispanic/Latino ☐ American Indian / Native American
☐ Arab/ Arab American ☐ Pacific Islander ☐ N/A (None) ☐ Other ☐ Undisclosed

Do they identify as any of the following?: ☐ Developmental Disability ☐ Disability ☐ Mental Illness
☐ Refugee ☐ Evacuee ☐ Postpartum ☐ Pregnant ☐ Breastfeeding
☐ Veteran ☐ PTSD ☐ Other ☐ N/A (None) ☐ Undisclosed

Next Additional Household Member (Other than self) :

Last name: **First name:**

Date of Birth: ____/____/______ (yyyy/mm/dd) **Is this birth date estimated?** ☐ Yes ☐ No

Gender: ☐ Female ☐ Male ☐ Transgender ☐ Undisclosed

This person is your... ☐ Spouse ☐ Common-Law Partner ☐ Child ☐ Parent
☐ Sibling ☐ Grandchild ☐ Grandparent ☐ Other Relative ☐ Boyfriend/Girlfriend
☐ Friend ☐ Roommate ☐ Other ☐ Undisclosed

What is their Ethnicity? ☐ White/Anglo ☐ Asian ☐ Black / African American
☐ Alaska Native/ Aleut / Eskimo ☐ Hispanic/Latino ☐ American Indian / Native American
☐ Arab/ Arab American ☐ Pacific Islander ☐ N/A (None) ☐ Other ☐ Undisclosed

Do they identify as any of the following?: ☐ Developmental Disability ☐ Disability ☐ Mental Illness
☐ Refugee ☐ Evacuee ☐ Postpartum ☐ Pregnant ☐ Breastfeeding
☐ Veteran ☐ PTSD ☐ Other ☐ N/A (None) ☐ Undisclosed

Primary First/ Last Name: ______________________________

Next Additional Household Member (Other than self) :

Last name: **First name:**

Date of Birth: ____/____/_______ (yyyy/mm/dd) **Is this birth date estimated?** ☐ Yes ☐ No

Gender: ☐ Female ☐ Male ☐ Transgender ☐ Undisclosed

This person is your... ☐ Spouse ☐ Common-Law Partner ☐ Child ☐ Parent
☐ Sibling ☐ Grandchild ☐ Grandparent ☐ Other Relative ☐ Boyfriend/Girlfriend
☐ Friend ☐ Roommate ☐ Other ☐ Undisclosed

What is their Ethnicity? ☐ White/Anglo ☐ Asian ☐ Black / African American
☐ Alaska Native/ Aleut / Eskimo ☐ Hispanic/Latino ☐ American Indian / Native American
☐ Arab/ Arab American ☐ Pacific Islander ☐ N/A (None) ☐ Other ☐ Undisclosed

Do they identify as any of the following?: ☐ Developmental Disability ☐ Disability ☐ Mental Illness
☐ Refugee ☐ Evacuee ☐ Postpartum ☐ Pregnant ☐ Breastfeeding
☐ Veteran ☐ PTSD ☐ Other ☐ N/A (None) ☐ Undisclosed

Next Additional Household Member (Other than self) :

Last name: **First name:**

Date of Birth: ____/____/_______ (yyyy/mm/dd) **Is this birth date estimated?** ☐ Yes ☐ No

Gender: ☐ Female ☐ Male ☐ Transgender ☐ Undisclosed

This person is your... ☐ Spouse ☐ Common-Law Partner ☐ Child ☐ Parent
☐ Sibling ☐ Grandchild ☐ Grandparent ☐ Other Relative ☐ Boyfriend/Girlfriend
☐ Friend ☐ Roommate ☐ Other ☐ Undisclosed

What is their Ethnicity? ☐ White/Anglo ☐ Asian ☐ Black / African American
☐ Alaska Native/ Aleut / Eskimo ☐ Hispanic/Latino ☐ American Indian / Native American
☐ Arab/ Arab American ☐ Pacific Islander ☐ N/A (None) ☐ Other ☐ Undisclosed

Do they identify as any of the following?: ☐ Developmental Disability ☐ Disability ☐ Mental Illness
☐ Refugee ☐ Evacuee ☐ Postpartum ☐ Pregnant ☐ Breastfeeding
☐ Veteran ☐ PTSD ☐ Other ☐ N/A (None) ☐ Undisclosed

Next Additional Household Member (Other than self) :

Last name: **First name:**

Date of Birth: ____/____/_______ (yyyy/mm/dd) **Is this birth date estimated?** ☐ Yes ☐ No

Gender: ☐ Female ☐ Male ☐ Transgender ☐ Undisclosed

This person is your... ☐ Spouse ☐ Common-Law Partner ☐ Child ☐ Parent
☐ Sibling ☐ Grandchild ☐ Grandparent ☐ Other Relative ☐ Boyfriend/Girlfriend
☐ Friend ☐ Roommate ☐ Other ☐ Undisclosed

What is their Ethnicity? ☐ White/Anglo ☐ Asian ☐ Black / African American
☐ Alaska Native/ Aleut / Eskimo ☐ Hispanic/Latino ☐ American Indian / Native American
☐ Arab/ Arab American ☐ Pacific Islander ☐ N/A (None) ☐ Other ☐ Undisclosed

Do they identify as any of the following?: ☐ Developmental Disability ☐ Disability ☐ Mental Illness
☐ Refugee ☐ Evacuee ☐ Postpartum ☐ Pregnant ☐ Breastfeeding
☐ Veteran ☐ PTSD ☐ Other ☐ N/A (None) ☐ Undisclosed

Primary First/ Last Name: ____________________________________