

### Client Intake Form



First Name:  Middle Initial:  Last Name:   
 Birthdate (mm/dd/yyyy):  /  /  Intake Date (mm/dd/yyyy):  /  /   
 Physical Address (not mailing):  City:   
 Zip Code:   No Fixed Address  
*Please include zip code*  
 Phone:  Email:   
 Have you ever been to a food bank in Washington before?  Yes  No

**BFB Use Only**

Input in L2F

Initials

#### Housing Type:

Boat  Emergency Shelter/Mission/Transitional  Public/Social Housing  Renter  Unhoused  Prefer Not to Answer  
 Car  Homeowner  RV/Motorhome  Tiny House Community  With Family/Friends

#### Additional Household Members (list all - add sheet if needed):

First and Last Name	Birthdate	Gender Identity	Relationship	Race/Ethnicity

#### By initialing here , you self-declare that:

- Your name and household size provided is correct.
- Your address provided is correct; if homeless, you can put homeless as the address.
- You reside within this state.
- Your income is at or below 400% of the Federal Poverty Guidelines.
- You agree that TEFAP food is for home consumption only and will not be sold, traded, or bartered.
- Feeding Washington requires your consent to store your information. We will use the information for: check-in, improving services, and/or referrals to other services. Feeding Washington and its partners follow all personal information protection laws.

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**Demographic Information:**

<b>Gender Identity:</b>	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Non-Binary	<input type="checkbox"/> None of These
	<input type="checkbox"/> Intersex	<input type="checkbox"/> Transgender	<input type="checkbox"/> Non-Conforming	<input type="checkbox"/> Prefer Not to Answer
<b>Race/Ethnicity:</b>	<input type="checkbox"/> Alaska Native/Aleut/Eskimo	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Pacific Islander	
	<input type="checkbox"/> American Indian/Native American	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> White/Anglo	
	<input type="checkbox"/> Asian	<input type="checkbox"/> Middle Eastern/North African	<input type="checkbox"/> Prefer Not to Answer	
<b>Languages:</b>	<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Mandarin	<input type="checkbox"/> Cantonese
	<input type="checkbox"/> Russian	<input type="checkbox"/> Other:	<input type="text"/>	
<b>Self-Identifies As:</b>	<input type="checkbox"/> Disabled	<input type="checkbox"/> Pregnant	<input type="checkbox"/> Veteran/Member of a Military Household	<input type="checkbox"/> Prefer Not to Answer
<b>Highest Education Level Completed:</b>	<input type="checkbox"/> Grades 0-8	<input type="checkbox"/> GED	<input type="checkbox"/> 2 Year Degree	<input type="checkbox"/> PhD
	<input type="checkbox"/> Grades 9-11	<input type="checkbox"/> Some Post-Secondary	<input type="checkbox"/> 4 Year Degree	<input type="checkbox"/> Prefer Not to Answer
	<input type="checkbox"/> High School Diploma	<input type="checkbox"/> Trade/Professional Accreditation	<input type="checkbox"/> Master's Degree	
<b>Employment Type:</b>	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Seasonal/Temporary	<input type="checkbox"/> Prefer Not to Answer
	<input type="checkbox"/> Gig/Freelance Worker	<input type="checkbox"/> Post-Secondary Student	<input type="checkbox"/> Other	
	<input type="checkbox"/> Military	<input type="checkbox"/> Retired	<input type="checkbox"/> Unemployed	
<b>Dietary Considerations:</b>	<input type="checkbox"/> Dairy-free	<input type="checkbox"/> No Kitchen/No Cook	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Other:
	<input type="checkbox"/> Gluten-free	<input type="checkbox"/> Halal	<input type="checkbox"/> Vegan	<input type="checkbox"/> Prefer Not to Answer

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