

Information collected will only be used within the Oregon Food Bank 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 fill out this form. You are welcome to share as much or as little information as you would like. Thank you for your help.

a. When did you first access food assistance? (Estimation ok): Date: _____	
b. Last name: _____	c. First name: _____
d. Date of Birth: ____/____/____ (mm/dd/yyyy)	e. Is this birth date estimated? <input type="checkbox"/> Yes <input type="checkbox"/> No
f. Gender Identity: <input type="checkbox"/> Female ⁰¹ <input type="checkbox"/> Male ⁰² <input type="checkbox"/> Transgender man ⁰³ <input type="checkbox"/> Transgender woman ⁰⁴ <input type="checkbox"/> Non-binary ⁰⁵ <input type="checkbox"/> Gender non-conforming ⁰⁶ <input type="checkbox"/> None of these ⁰⁷ <input type="checkbox"/> Don't Know ⁰⁸ <input type="checkbox"/> Prefer not to answer ⁰⁹	
g. Address: _____	
h. Address (Line 2): _____	i. County: _____
j. City: _____	k. State: _____ l. Zip code: _____
<input type="checkbox"/> No fixed address <input type="checkbox"/> Prefer not to answer	
m. Which of the following best describes your living situation? (Select one)	
<input type="checkbox"/> A place you rent ⁰¹ <input type="checkbox"/> A place you own ⁰² <input type="checkbox"/> Someone else's place ⁰³ <input type="checkbox"/> A shelter ⁰⁴ <input type="checkbox"/> Outside ⁰⁵ <input type="checkbox"/> Somewhere else ⁰⁶ <input type="checkbox"/> Prefer not to answer ⁰⁷ <input type="checkbox"/> Don't know ⁰⁸	
n. Email Address: _____	
o. Phone Number: _____	
(You will only be contacted if there is important information regarding services like pantry closures or information about advocacy efforts for particular services or policies.)	
p. What Language(s) are spoken in your household? (Select all that apply)	
<input type="checkbox"/> English ⁰¹ <input type="checkbox"/> Spanish ⁰² <input type="checkbox"/> Somali ⁰³ <input type="checkbox"/> Vietnamese ⁰⁴ <input type="checkbox"/> Russian ⁰⁵ <input type="checkbox"/> Mandarin ⁰⁶ <input type="checkbox"/> Hindi/Urdu ⁰⁷ <input type="checkbox"/> Arabic ⁰⁸ <input type="checkbox"/> Other: _____ ⁰⁹	
q. What is your Race or Ethnicity? (Select all that apply)	
<input type="checkbox"/> White ⁰¹ <input type="checkbox"/> Hispanic / Latino ⁰² <input type="checkbox"/> Slavic / Eastern European ⁰³ <input type="checkbox"/> Asian ⁰⁴ <input type="checkbox"/> Black / African ⁰⁵ <input type="checkbox"/> Middle-Eastern / North-African ⁰⁶ <input type="checkbox"/> Black / African American ⁰⁷ <input type="checkbox"/> American Indian / Native American / Alaska Native ⁰⁸ <input type="checkbox"/> Native Hawaiian / Other Pacific Islander ⁰⁹ <input type="checkbox"/> Some other race or ethnicity ¹⁰ <input type="checkbox"/> Prefer not to answer ¹¹ <input type="checkbox"/> Don't Know ¹²	
r. Do you identify as having a disability? (Select one)	
<input type="checkbox"/> Yes ⁰¹ <input type="checkbox"/> No ⁰² <input type="checkbox"/> Don't know ⁰³ <input type="checkbox"/> Prefer not to answer ⁰⁴	
s. Do you identify as the following? (Select one)	
<input type="checkbox"/> Single parent or caregiver for child under age 18 ⁰¹ <input type="checkbox"/> No ⁰² <input type="checkbox"/> Don't know ⁰³ <input type="checkbox"/> Prefer not to answer ⁰⁴	

(Please flip over to the back)

(Data entry: switch to add household members then return to back side)

t. What is your household's primary income type? (Select main sources of income for your household)

- | | | |
|--|--|---|
| <input type="checkbox"/> Full-Time Work ⁰¹ | <input type="checkbox"/> Part-Time Work ⁰² | |
| <input type="checkbox"/> Social Security Benefits ⁰³ | <input type="checkbox"/> Social Security Disability Insurance (SSDI) ⁰⁴ | |
| <input type="checkbox"/> Farm work or Day labor ⁰⁵ | <input type="checkbox"/> Supplemental Security Income (SSI) ⁰⁶ | |
| <input type="checkbox"/> Student Financial Aid ⁰⁷ | <input type="checkbox"/> Retirement or Pension ⁰⁸ | |
| <input type="checkbox"/> Unemployment Benefits ⁰⁹ | <input type="checkbox"/> Tribal Funds ¹⁰ | <input type="checkbox"/> No Income ¹¹ |
| <input type="checkbox"/> Family or Friends Support ¹² | <input type="checkbox"/> Prefer not to answer ¹³ | <input type="checkbox"/> Don't Know ¹⁴ |

u. Does anyone in the household receive SNAP benefits? (Oregon Trail card in Oregon, Formerly known as Food Stamps) (Select one)

- Yes ⁰¹ No ⁰² Don't Know ⁰³ Prefer not to answer ⁰⁴

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

- | | |
|--|---|
| <input type="checkbox"/> Free or Reduced Lunch ⁰¹ | <input type="checkbox"/> Don't Know ⁰² |
| <input type="checkbox"/> Medicaid (Oregon Health Plan in Oregon) ⁰³ | <input type="checkbox"/> Prefer not to answer ⁰⁴ |
| <input type="checkbox"/> WIC (Assistance for Women, Infants, and Children) ⁰⁵ | |

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

- | | |
|--|--|
| <input type="checkbox"/> Low-sugar / low-carb ("diabetes-friendly") ⁰¹ | <input type="checkbox"/> Low Sodium (salt)/low-saturated fat ("heart-healthy") ⁰² |
| <input type="checkbox"/> Food allergen (e.g. peanut, seafood, dairy) ⁰³ | <input type="checkbox"/> Limited / No Cooking Equipment ⁰⁴ |
| <input type="checkbox"/> Gluten free ⁰⁵ | <input type="checkbox"/> Halal ⁰⁶ |
| <input type="checkbox"/> Kosher ⁰⁷ | <input type="checkbox"/> Soft diet / Dental Concerns ⁰⁸ |
| <input type="checkbox"/> Vegetarian ⁰⁹ | <input type="checkbox"/> Vegan ¹⁰ |
| <input type="checkbox"/> Other ¹¹ (Specify: _____) | <input type="checkbox"/> Other allergen ¹² (Specify: _____) |
| <input type="checkbox"/> None ¹³ | <input type="checkbox"/> Prefer not to answer ¹⁴ |
| <input type="checkbox"/> Don't Know ¹⁵ | |

Primary person's Last Name: _____ First Name: _____

Additional Household Members: (Please list each person you share this food with below and on the back side.)

a. Last name: _____ b. First name: _____
c. Date of Birth: ____/____/____ (mm/dd/yyyy) d. Is this birth date estimated? Yes No
e. Does this member attend school? Yes No f. If yes, which school? _____

g. Gender Identity:
 Female ⁰¹ Male ⁰² Transgender man ⁰³
 Transgender woman ⁰⁴ Non-binary ⁰⁵ Gender non-conforming ⁰⁶
 None of these ⁰⁷ Don't Know ⁰⁸ Prefer not to answer ⁰⁹

h. **This person is your...** Spouse ⁰¹ Common-Law Partner ⁰² Child ⁰³ Parent ⁰⁴
 Sibling ⁰⁵ Grandchild ⁰⁶ Grandparent ⁰⁷ Other Relative ⁰⁸ Ward ⁰⁹
 Boyfriend/Girlfriend ¹⁰ Friend ¹¹ Roommate ¹² Other ¹³
 Prefer not to answer ¹⁴ Don't know ¹⁵

i. **What is their Ethnicity?** (Select all that apply)
 White ⁰¹ Hispanic / Latino ⁰² Slavic / Eastern European ⁰³
 Asian ⁰⁴ Black / African ⁰⁵ Middle-Eastern /North-African ⁰⁶
 Black / African American ⁰⁷ American Indian / Native American / Alaska Native ⁰⁸
 Native Hawaiian / Other Pacific Islander ⁰⁹ Some other race or ethnicity ¹⁰
 Prefer not to answer ¹¹ Don't Know ¹²

j. **Do they identify as having a disability?** (Select one)
 Yes ⁰¹ No ⁰² Don't know ⁰³ Prefer not to answer ⁰⁴

k. **Do they identify as the following?** (Select one)
 Single parent or caregiver for child under age 18 ⁰¹ Don't know ⁰² No ⁰³ Prefer not to answer ⁰⁴

a. Last name: _____ b. First name: _____
c. Date of Birth: ____/____/____ (mm/dd/yyyy) d. Is this birth date estimated? Yes No
e. Does this member attend school? Yes No f. If yes, which school? _____

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e. Does this member attend school? <input type="checkbox"/> Yes <input type="checkbox"/> No		f. If yes, which school? _____	
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