Information callected 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 as	ssistance? (Estimati	on ok): Date:	Brann wo
b. Last name:			c. First name:	
d. Date of Birth:	<u> </u>	_ (mm/dd/yyyy)	e. Is this birth da	te estimated? □Yes □No
f. Gender Identity:	□ Transger	nder woman 04 🛛	Male ₀₂ Non-binary ₀₅ Don't Know ₀₈	
g. Address:				
h. Address (Line 2):_		Year Takes	i. County:	A TOTAL BEAUTIFUL TO STATE OF THE STATE OF T
j. City:				
□ No fixed address				entre la company de la company
m. Which of the foll	owing best des	cribes your living sit	The state of the s	
☐ A place you rent o				else's place 03
□ Outside os	□ So	mewhere else 06	□ Prefer not	to answer 07 🗆 Don't know 08
n. Email Address:	V			Sold allester to a sold seems to be a
o. Phone Number: _			i E	and organized by
(You will only	be contacted it	f there is important	information regard	ling services like pantry closures or
	information	about advocacy eff	orts for particular s	ervices or policies.)
p. What Language(s) are spoken in	your household? (S	Select all that apply)	Tribant) area b
			□ Vietnamese ₀₄	
□ Hindi/Urdu 07	⊒ Arabic ₀8	□ Other:		09
q. What is your Rac	e or Ethnicity?	(Select all that appl	у)	
☐ White 01			☐ Hispanic / Lati	no ₀₂
☐ Slavic / Eastern E			□ Asian ₀₄	/ North African
☐ Black / African 05				n / North-African 06 an / Native American / Alaska Native 08
☐ Black / African A		Islandor		and Native American Alaska Native 08
□ Native Hawaiian□ Prefer not to ans		ISIATIOET 09	□ Don't Know 12	
Li Freier Hot to dis	AACI II		E DOM CRITON 12	9
r. Do you identify a	s having a disal	oility? (Select one)		
□ Yes 01	□ No ₀₂	□ Don't know ₀₃	☐ Prefer not to	o answer ₀₄
s. Do you identify a	s the following	? (Select one)		
		hild under age 18 o		
□ Don't know 03			□ Pr	efer 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 i	ncome type? (Select main source	es of income for your household)	
□ Full-Time Work 01	□ Part-Time Work 02		
☐ Social Security Benefits 03	☐ Social Security Disability Insu	rance (SSDI) 04	
☐ Farm work or Day labor os	☐ Supplemental Security Incom	ne (SSI) 06	
☐ Student Financial Aid 07	□ Retirement or Pension ₀₈		
☐ Unemployment Benefits 09	□ Tribal Funds 10	□ No Income 11	
☐ Family or Friends Support 12	☐ Prefer not to answer 13	□ Don't Know 14	
u. <u>Does anyone in the household rec</u> Food Stamps) (Select one) ☐ Yes 01 ☐ No 02 - ☐ Don't		seems in engine in	
v. Does your household currently rec	eive any of the following? (Select		
☐ Free or Reduced Lunch 01		□ Don't Know 02	
a rice of reduced Editorial		CONTACT CONTAC	
☐ Medicaid (Oregon Health Plan in C	W=0 W 50.00	☐ Prefer not to answer 04	
Control incomplete the control of th	W=0 W 50.00	GRAD 1	
☐ Medicaid (Oregon Health Plan in C	ts, and Children) of	□ Prefer not to answer ₀₄	
☐ Medicaid (Oregon Health Plan in C☐ WIC (Assistance for Women, Infan	ave any Dietary Considerations?	□ Prefer not to answer ₀₄	
☐ Medicaid (Oregon Health Plan in C☐ WIC (Assistance for Women, Infanw. Does anyone in your household ha	ave any Dietary Considerations? (riendly") 01	□ Prefer not to answer ₀₄ (Select all that apply)	
☐ Medicaid (Oregon Health Plan in C☐ WIC (Assistance for Women, Infan w. <u>Does anyone in your household had to the land of t</u>	ave any Dietary Considerations? (riendly") 01	□ Prefer not to answer 04 [Select all that apply] alt)/low-saturated fat ("heart-healthy")02	
☐ Medicaid (Oregon Health Plan in C☐ WIC (Assistance for Women, Infan w. <u>Does anyone in your household had took took took took took took took too</u>	ave any Dietary Considerations? (riendly") 01	□ Prefer not to answer ₀₄ [Select all that apply] alt)/low-saturated fat ("heart-healthy") ₀₂ ooking Equipment ₀₄	
☐ Medicaid (Oregon Health Plan in C☐ WIC (Assistance for Women, Infan w. <u>Does anyone in your household has</u> ☐ Low-sugar / low-carb ("diabetes-for Food allergen (e.g. peanut, seafood ☐ Gluten free 05	riendly") 01	□ Prefer not to answer ₀₄ [Select all that apply] alt)/low-saturated fat ("heart-healthy") ₀₂ ooking Equipment ₀₄	
☐ Medicaid (Oregon Health Plan in C☐ WIC (Assistance for Women, Infan w. <u>Does anyone in your household has</u> ☐ Low-sugar / low-carb ("diabetes-for Food allergen (e.g. peanut, seafor ☐ Gluten free OS ☐ Kosher O7	riendly") 01	Prefer not to answer 04 [Select all that apply] alt)/low-saturated fat ("heart-healthy")02 ooking Equipment 04 stal Concerns 08	
□ Medicaid (Oregon Health Plan in C □ WIC (Assistance for Women, Infan w. <u>Does anyone in your household has</u> □ Low-sugar / low-carb ("diabetes-fo □ Food allergen (e.g. peanut, seafoc □ Gluten free 05 □ Kosher 07 □ Vegetarian 09	riendly") 01	Prefer not to answer 04 [Select all that apply] alt)/low-saturated fat ("heart-healthy")02 ooking Equipment 04 tal Concerns 08	
□ Medicaid (Oregon Health Plan in C □ WIC (Assistance for Women, Infan w. <u>Does anyone in your household has</u> □ Low-sugar / low-carb ("diabetes-fo □ Food allergen (e.g. peanut, seafoc □ Gluten free os □ Kosher or □ Vegetarian os □ Other 11 (Specify:	riendly") 01	Prefer not to answer 04 [Select all that apply] alt)/low-saturated fat ("heart-healthy")02 ooking Equipment 04 tal Concerns 08	
□ Medicaid (Oregon Health Plan in C □ WIC (Assistance for Women, Infan w. <u>Does anyone in your household has</u> □ Low-sugar / low-carb ("diabetes-fo □ Food allergen (e.g. peanut, seafoc □ Gluten free 05 □ Kosher 07 □ Vegetarian 09 □ Other 11 (Specify: □ None 13	riendly") 01	Prefer not to answer 04 [Select all that apply] alt)/low-saturated fat ("heart-healthy")02 ooking Equipment 04 tal Concerns 08	

s Da you Identify a the collowing? (Telech aus)

por anti-Article (startis-Article and

Primary person's Last Name:	First Name:
Additional Household Mamharry (Please list ea	ach person you share this food with below and on the back side.
a. Last name:	b. First name:
c. Date of Birth:/(mm/do	d/yyyy) d. Is this birth date estimated? No f. If yes, which school?
g. Gender Identity: □ Female 01 □ Transgender woman 04 □ None of these 07 h. This person is your □ Sibling 05 □ Boyfriend/Girlfriend 10 □ Friend 11 □ Prefer not to answer 14 □ Don't know 15	□ Common-Law Partner ₀₂ □ Child ₀₃ □ Parent ₀₄
i. What is their Ethnicity? (Select all that app □ White 01 □ Asian 04 □ Black / African American 07 □ Native Hawaiian / Other Pacific Islander 09 □ Prefer not to answer 11	☐ Hispanic / Latino 02 ☐ Slavic / Eastern European 03 ☐ Middle-Eastern /North-African 06 ☐ American Indian / Native American / Alaska Native 08
j. Do they identify as having a disability? (Sel PYes 01 Don't known k. Do they identify as the following? (Select Don't single parent or caregiver for child under the same parent or caregiver for chil	one)
a. Last name:	b. First name:
g. Gender Identity: Female 01 Transgender woman 04 None of these 07 h. This person is your Sibling 05 Boyfriend/Girlfriend 10 Prefer not to answer 14 Don't know 15	g. Gender Identity
i. What is their Ethnicity? (Select all that app White 01 Asian 04 Black / African American 07 Native Hawaiian / Other Pacific Islander 09 Prefer not to answer 11	☐ Hispanic / Latino 02 ☐ Slavic / Eastern European 03 ☐ Black / African 05 ☐ Middle-Eastern /North-African 06 ☐ American Indian / Native American / Alaska Native 08
j. Do they identify as having a disability? (Se	
k. Do they identify as the following? (Select Single parent or caregiver for child under	

Additional Household Members: (Please list each person you share this food with below)

a. Last name:	b. First name:
c. Date of Birth:/(mm/de	d/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:	: comest reports
☐ 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	
☐ Boyfriend/Girlfriend 10 ☐ Friend 11	□ Roommate ₁₂ □ Other ₁₃
☐ Prefer not to answer 14 ☐ Don't know 15	es sens a contract annover complete the contract of the contra
i. What is their Ethnicity? (Select all that app	(Vicinit is their Ethinopay's parisers of tour accepts)
□ White 01	
☐ 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 o	g Some other race or ethnicity 10
Prefer not to answer 11	□ Don't Know ₁₂
j. Do they identify as having a disability? (Se	lect one)
□ Yes 01 □ No 02 □ Don't ki	
k. Do they identify as the following? (Select	anal
	age 18 01 Don't know 02 Do No 03 Prefer not to answer 04
El Single parent of caregiver for child under	age 10 01
a. Last name:	
c. Date of Birth:/(mm/d	d/yyyy) d. Is this birth date estimated? — Yes — No
c. Date of Birth:/(mm/d	
c. Date of Birth:/ (mm/de. Does this member attend school? g. Gender Identity:	d/yyyy) d. Is this birth date estimated? No f. If yes, which school?
c. Date of Birth:/ (mm/de e. Does this member attend school? g. Gender Identity: Female 01	d/yyyy) d. Is this birth date estimated? No f. If yes, which school? Male 02 Transgender man 03
c. Date of Birth:/ (mm/de. Does this member attend school? g. Gender Identity: Female 01 Transgender woman 04	d/yyyy) d. Is this birth date estimated?
c. Date of Birth:/ (mm/de. Does this member attend school? g. Gender Identity: Female 01 Transgender woman 04	d/yyyy) d. Is this birth date estimated?
c. Date of Birth:/ (mm/de. Does this member attend school? □ Yes g. Gender Identity: □ Female 01 □ Transgender woman 04 □ None of these 07 h. This person is your □ Spouse 01	d/yyyy) d. Is this birth date estimated?
c. Date of Birth:/ (mm/de. Does this member attend school? □ Yes g. Gender Identity: □ Female 01 □ Transgender woman 04 □ None of these 07 h. This person is your □ Spouse 01	d/yyyy) d. Is this birth date estimated?
c. Date of Birth:/ (mm/de. Does this member attend school? □ Yes g. Gender Identity: □ Female 01 □ Transgender woman 04 □ None of these 07 h. This person is your □ Spouse 01	d/yyyy) d. Is this birth date estimated?
c. Date of Birth:/ (mm/de. Does this member attend school? □ Yes g. Gender Identity: □ Female 01 □ Transgender woman 04 □ None of these 07 h. This person is your □ Spouse 01 □ Sibling 05 □ Grandchild 06	d/yyyy) d. Is this birth date estimated?
c. Date of Birth:/ (mm/de. Does this member attend school? □ Yes g. Gender Identity: □ Female 01 □ Transgender woman 04 □ None of these 07 h. This person is your □ Spouse 01 □ Sibling 05 □ Grandchild 06 □ Boyfriend/Girlfriend 10 □ Friend 11	d/yyyy) d. Is this birth date estimated?
c. Date of Birth:/ (mm/dee. Does this member attend school? □ Yes g. Gender Identity: □ Female 01 □ Transgender woman 04 □ None of these 07 h. This person is your □ Spouse 01 □ Sibling 05 □ Grandchild 06 □ Boyfriend/Girlfriend 10 □ Friend 11 □ Prefer not to answer 14 □ Don't know 15	d/yyyy) d. Is this birth date estimated?
c. Date of Birth:/(mm/dee. Does this member attend school? □ Yes g. Gender Identity: □ Female 01 □ Transgender woman 04 □ None of these 07 h. This person is your □ Spouse 01 □ Sibling 05 □ Grandchild 06 □ Boyfriend/Girlfriend 10 □ Friend 11 □ Prefer not to answer 14 □ Don't know 15 i. What is their Ethnicity? (Select all that app	d/yyyy) d. Is this birth date estimated?
c. Date of Birth:/(mm/dee. Does this member attend school? □ Yes g. Gender Identity: □ Female 01 □ Transgender woman 04 □ None of these 07 h. This person is your □ Spouse 01 □ Sibling 05 □ Grandchild 06 □ Boyfriend/Girlfriend 10 □ Friend 11 □ Prefer not to answer 14 □ Don't know 15 i. What is their Ethnicity? (Select all that app	d/yyyy) d. Is this birth date estimated?
c. Date of Birth:/ (mm/dee. Does this member attend school? □ Yes g. Gender Identity: □ Female 01 □ Transgender woman 04 □ None of these 07 h. This person is your □ Spouse 01 □ Sibling 05 □ Grandchild 06 □ Boyfriend/Girlfriend 10 □ Friend 11 □ Prefer not to answer 14 □ Don't know 15 i. What is their Ethnicity? (Select all that approximately in the context of the co	d/yyyy) d. Is this birth date estimated?
c. Date of Birth:/ (mm/dee. Does this member attend school? □ Yes g. Gender Identity: □ Female 01 □ Transgender woman 04 □ None of these 07 h. This person is your □ Spouse 01 □ Sibling 05 □ Grandchild 06 □ Boyfriend/Girlfriend 10 □ Friend 11 □ Prefer not to answer 14 □ Don't know 15 i. What is their Ethnicity? (Select all that approximately approximate	d/yyyy) d. Is this birth date estimated?
c. Date of Birth:/ (mm/dee. Does this member attend school? □ Yes g. Gender Identity: □ Female 01 □ Transgender woman 04 □ None of these 07 h. This person is your □ Spouse 01 □ Sibling 05 □ Grandchild 06 □ Boyfriend/Girlfriend 10 □ Friend 11 □ Prefer not to answer 14 □ Don't know 15 i. What is their Ethnicity? (Select all that approximately in the context of the co	d/yyyy) d. Is this birth date estimated?
c. Date of Birth:/ (mm/dee. Does this member attend school? □ Yes g. Gender Identity: □ Female 01 □ Transgender woman 04 □ None of these 07 h. This person is your □ Spouse 01 □ Sibling 05 □ Grandchild 06 □ Boyfriend/Girlfriend 10 □ Friend 11 □ Prefer not to answer 14 □ Don't know 15 i. What is their Ethnicity? (Select all that approximately approxima	d/yyyy) d. Is this birth date estimated?
c. Date of Birth:/ (mm/dee. Does this member attend school? □ Yes g. Gender Identity: □ Female 01 □ Transgender woman 04 □ None of these 07 h. This person is your □ Spouse 01 □ Sibling 05 □ Grandchild 06 □ Boyfriend/Girlfriend 10 □ Friend 11 □ Prefer not to answer 14 □ Don't know 15 i. What is their Ethnicity? (Select all that approximately white 01 □ Asian 04 □ Black / African American 07 □ Native Hawaiian / Other Pacific Islander 00 □ Prefer not to answer 11 j. Do they identify as having a disability? (See	d/yyyy) d. Is this birth date estimated?