

General

* Last name: _____ * First name: _____

* Date of Birth: ____/____/____ (mm/dd/yyyy) Birthday Estimated? Y N

*** Gender:**

Male Female Transgender Undisclosed Other

* Marital status: Single Common-Law Separated Undisclosed

Married Divorced Widowed

* Address: _____ Address (Line 2): _____

County: _____

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

No fixed address

*** Housing Type:**

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

Email Address(es): _____

Phone Number(s): _____

ID Type Shown:

Birth Certificate Driver's License Food For Change ID
 Lease N/A No ID
 Passport State ID Card Utility Bill
 Government ID with Alien Number

Language(s) Spoken in the Household:

English Spanish Chinese Language Arabic Hindi
 Portuguese Russian Vietnamese Other: _____

*** Ethnicity (Check all that apply):**

White/Anglo Hispanic/Latino Asian Pacific Islander Arab American Other
 Black /African American American Indian/Native American Undisclosed
 Alaska Native/Aleut/ Eskimo N/A

*** Self-Identifies As:**

Core Connections (CCN) Participant Food For Change-FIRST LINK
 Food For Change-Food Rx Food For Change-Food Scholarship
 Veteran Evacuee N/A
 Disability Refugee Other Undisclosed
 Mental Illness Postpartum Core Connections (CCN) Participant
 Pregnant Breastfeeding New Immigrant

Profile Information

*** Education:**

- | | | |
|--|--|--|
| <input type="checkbox"/> Grades 0-8 | <input type="checkbox"/> Post-Secondary (Some) | <input type="checkbox"/> Master's Degree |
| <input type="checkbox"/> Grades 9-11 | <input type="checkbox"/> Trade School / Professional Accreditation | <input type="checkbox"/> PhD |
| <input type="checkbox"/> High School Diploma | <input type="checkbox"/> 2 Year Degree | <input type="checkbox"/> Undisclosed |
| <input type="checkbox"/> GED | <input type="checkbox"/> 4 Year Degree | |

Country of Education: _____

*** Employment Type:**

- | | | | |
|---|---|--|--------------------------------------|
| <input type="checkbox"/> Full-Time | <input type="checkbox"/> Part-Time | <input type="checkbox"/> Homemaker/Stay at home parent | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Out of work for MORE than 1 year | <input type="checkbox"/> Out of work for LESS than 1 year | | |
| <input type="checkbox"/> Post-Secondary Student | <input type="checkbox"/> None | <input type="checkbox"/> Other | <input type="checkbox"/> Undisclosed |

Monthly Income

*** Income Sources (complete for each HH member, check all sources, enter monthly amt):**

- | | | |
|--|---|--|
| <input type="checkbox"/> Full-Time Employment | <input type="checkbox"/> Private Disability | <input type="checkbox"/> Private Pension |
| <input type="checkbox"/> Part-Time Employment | <input type="checkbox"/> Scholarships | <input type="checkbox"/> Social Assistance |
| <input type="checkbox"/> Social Security Disability Insurance (SSDI) | <input type="checkbox"/> Spouse/Family Support | |
| <input type="checkbox"/> SSA | <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Student Loans |
| <input type="checkbox"/> No Income | <input type="checkbox"/> Other | |

Total Monthly Income \$ _____

Monthly Expenses

*** Expenses (for the household include dollar amount):**

- | | | |
|--|--|--|
| <input type="checkbox"/> Mortgage _____ | <input type="checkbox"/> Medical _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Childcare _____ | <input type="checkbox"/> School Expenses _____ | <input type="checkbox"/> Transit _____ |
| <input type="checkbox"/> Rent _____ | <input type="checkbox"/> Utilities _____ | <input type="checkbox"/> Vehicle _____ |

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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
i. Does this member attend school? <input type="checkbox"/> Yes <input type="checkbox"/> No		j. If yes, which school? _____	
e. Gender: <input type="checkbox"/> Female ⁰² <input type="checkbox"/> Male ⁰¹ <input type="checkbox"/> Transgender ⁰³ <input type="checkbox"/> Other ⁰⁵ <input type="checkbox"/> Undisclosed ⁰⁴			
f. This person is your... <input type="checkbox"/> Spouse ⁰¹ <input type="checkbox"/> Common-Law Partner ⁰⁹ <input type="checkbox"/> Child ⁰² <input type="checkbox"/> Parent ⁰³			
<input type="checkbox"/> Sibling ⁰⁴ <input type="checkbox"/> Grandchild ⁰⁵ <input type="checkbox"/> Grandparent ⁰⁶ <input type="checkbox"/> Other Relative ⁰⁷ <input type="checkbox"/> Ward ¹⁴			
<input type="checkbox"/> Boyfriend/Girlfriend ⁰⁸ <input type="checkbox"/> Friend ¹⁰ <input type="checkbox"/> Roommate ¹³ <input type="checkbox"/> Other ¹² <input type="checkbox"/> Undisclosed ¹¹			
g. What is their Ethnicity? <input type="checkbox"/> White/Anglo ⁰¹ <input type="checkbox"/> Asian ⁰³ <input type="checkbox"/> Black / African American ⁰⁵			
<input type="checkbox"/> Alaska Native/ Aleut / Eskimo ⁰⁷ <input type="checkbox"/> Hispanic/Latino ⁰² <input type="checkbox"/> American Indian / Native American ⁰⁶			
<input type="checkbox"/> Middle-Eastern / North- African ⁰⁴ <input type="checkbox"/> Pacific Islander ¹⁰ <input type="checkbox"/> None ⁰⁸ <input type="checkbox"/> Other ¹¹ <input type="checkbox"/> Undisclosed ⁰⁹			
h. Do they identify with any of the following?:			
<input type="checkbox"/> Developmental Disability ⁰¹ <input type="checkbox"/> Pregnant ⁰³ <input type="checkbox"/> Veteran ⁰⁹			
<input type="checkbox"/> Disability ⁰⁵ <input type="checkbox"/> Postpartum ⁰⁷ <input type="checkbox"/> PTSD ¹³ <input type="checkbox"/> None ⁰⁸			
<input type="checkbox"/> Mental Illness ⁰⁴ <input type="checkbox"/> Breastfeeding ¹¹ <input type="checkbox"/> Other ¹⁰ <input type="checkbox"/> Undisclosed ¹²			
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Dietary Considerations

- | | | | | |
|--|---|--|--|----------------------------------|
| <input type="checkbox"/> Dairy Allergy | <input type="checkbox"/> Diabetic | <input type="checkbox"/> Pre-Diabetic | <input type="checkbox"/> Gluten Allergy | |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Kosher | <input type="checkbox"/> Halal | <input type="checkbox"/> Other |
| <input type="checkbox"/> Peanut Allergy | <input type="checkbox"/> Pork Allergy | <input type="checkbox"/> Seafood Allergy | <input type="checkbox"/> Sulfite Allergy | <input type="checkbox"/> Thyroid |
| <input type="checkbox"/> Vegan | <input type="checkbox"/> Vegetarian | <input type="checkbox"/> Egg Allergy | | |

The Houston Food Bank respects your information and wants to ensure it remains private. We take steps to protect the privacy of your information, including limiting access to certain staff and volunteers who have been trained on data privacy and sign an agreement to protect the privacy of the data.

We may use your personal information for a variety of reasons, as described in more detail in our privacy policy (see Link Below), but which include:

- **To Improve Our Programs:** We may use your information to improve our programs or activities. For example, staff may look at information to review the quality of services that people receive.
- **To Do Research:** We may use your information for research and analysis. Any reports produced with the data will not identify your individual information. Our staff and volunteers will only share your information with qualified persons *outside* of our agency.
- **To Connect You with Other Programs:** At your request, we may share your personal information to see if you are eligible for other benefits or programs such as Social Security benefits or SNAP.
- **To Report Abuse, Harm or Neglect:** We are required by law to report any cases of suspected abuse or neglect of children or vulnerable adults. We are also required to share information about you to law enforcement in certain cases, for example, if you cause harm to a member of our staff, another client, or if you damage our property. We may also share your personal information in case of a threat to the public, such as a terrorist attack or natural disaster.

Client Signature: _____

Date: _____

Privacy Policy: http://www.houstonfoodbank.org/wp-content/uploads/2018/02/HFB_WebPrivacyCode2013.pdf

Proxy Statement

I, _____ appoint _____ as proxy on my behalf to pick up my food.

Signed _____

Date _____