# Link2Feed Intake Form

# Clients should understand that questions after this point are additional to the TEFAP screening previously. Clients will still receive USDA Foods through TEFAP even the questions below are “undisclosed” or not answered as dictated by the TEFAP Policy and Handbook Section 4000, page 15.

# Date:

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| 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 □ Youth Home □ Other |
| 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 □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Language(s) Spoken in the Household:  □ English □ Spanish □ Chinese □ Hindi/Urdu □ 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:  □ Veteran □ Evacuee □ N/A  □ Disability □ Refugee □ Other □ Undisclosed  □ Mental Illness □ Postpartum □ Core Connections (CCN) Participant  □ Pregnant □ Breastfeeding □ New Immigrant |

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| Profile Information |
| \* Education:  □ Grades 0-8 □ Post-Secondary (Some) □ Master’s Degree  □ Grades 9-11 □ Trade School / Professional Accreditation □ PhD  □ High School Diploma □ 2 Year Degree □ Undisclosed  □ GED □ 4 Year Degree  Country of Education: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \* Employment Type:  □ Full-Time □ Part-Time □ Homemaker/Stay at home parent □ Retired  □ Out of work for MORE than 1 year □ Out of work for LESS than 1 year  □ Post-Secondary Student □ None □ Other □ Undisclosed |
| Monthly Income |
| \* Income Sources (complete for each HH member, check all sources, enter monthly amt):  □ Full-Time Employment □ Private Disability □ Private Pension  □ Part-Time Employment □ Scholarships □ Social Assistance  □ Social Security Disability Insurance (SSDI) □ Spouse/Family Support  □ SSA □ Supplemental Security Income (SSI) □ Student Loans  □ No Income □ Other  Total Monthly Income $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Monthly Expenses |
| \* Expenses (for the household include dollar amount):  □ Mortgage □ Medical □ Other\_\_\_\_\_\_\_\_\_  □ Childcare □ School Expenses □ Transit\_\_\_\_\_\_\_\_\_  □ Rent □ Utilities □ Vehicle\_\_\_\_\_\_\_\_\_  □ Food\_\_\_\_\_\_\_\_\_ |
| Dietary Considerations |
| □ Dairy Allergy □ Diabetic □ Pre-Diabetic □ Gluten Allergy  □ High Blood Pressure □ High Cholesterol □ Kosher □ Halal □ Other  □ Peanut Allergy □ Pork Allergy □ Seafood Allergy □ Sulfite Allergy □ Thyroid  □ Vegan □ Vegetarian □ Egg Allergy |
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| Additional Household Members |
| Last name: First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \* Date of Birth: \_\_\_\_\_\_ /\_\_\_\_/\_\_\_\_ (yyyy/mm/dd) Estimated? □ Y □ N  \* Gender:  □ Male □ Female □ Transgender □ Undisclosed  \*Relationship to Primary HH member:  □ Spouse □ Child □ Parent □ Sibling □ Grandchild □ Grandparent □ Other  □ Other Relative □ Boyfriend/Girlfriend □ Common-Law Partner □ Friend □ Undisclosed    \* 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:  □ Developmental Disability □ Veteran □ Evacuee □ N/A  □ Disability □ Refugee □ Other □ Undisclosed  □ Mental Illness □ Postpartum  □ Pregnant □ Breastfeeding |
| Last name: First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \* Date of Birth: \_\_\_\_\_\_ /\_\_\_\_/\_\_\_\_ (yyyy/mm/dd) Estimated? □ Y □ N  \* Gender:  □ Male □ Female □ Transgender □ Undisclosed  \*Relationship to Primary HH member:  □ Spouse □ Child □ Parent □ Sibling □ Grandchild □ Grandparent □ Other  □ Other Relative □ Boyfriend/Girlfriend □ Common-Law Partner □ Friend □ Undisclosed    \* 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:  □ Developmental Disability □ Veteran □ Evacuee □ N/A  □ Disability □ Refugee □ Other □ Undisclosed  □ Mental Illness □ Postpartum  □ Pregnant □ Breastfeeding |
| Last name: \* First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \* Date of Birth: \_\_\_ /\_\_\_\_/\_\_\_\_ (yyyy/mm/dd) Estimated? □ Y □ N  \* Gender:  □ Male □ Female □ Transgender □ Undisclosed  \*Relationship to Primary HH member:  □ Spouse □ Child □ Parent □ Sibling □ Grandchild □ Grandparent □ Other  □ Other Relative □ Boyfriend/Girlfriend □ Common-Law Partner □ Friend □ Undisclosed  \* 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:  □ Developmental Disability □ Veteran □ Evacuee □ N/A  □ Disability □ Refugee □ Other □ Undisclosed  □ Mental Illness □ Postpartum □ Pregnant □ Breastfeeding |