

LOWCOUNTRY FOOD BANK PANTRY CLIENT INTAKE

Agency Name _____

County _____ Application Date _____

CLIENT INFORMATION

Client Name _____ Age _____ Sex _____ Date of Birth _____

Residential Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Email Address(es) _____

INCOME

Primary Client's Monthly Income \$ _____ Source(s) of Income _____

PROXY AUTHORIZATION

I authorize the following persons to pick up food for me:

1. _____ 2. _____

HOUSING TYPE

Emergency Shelter/Mission/Transitional

Private Rental

Own Home

Evacuee

Public(Social) Housing

Youth Home/Shelter

Other

Undisclosed

With Family/Friends

LANGUAGE(S) SPOKEN: English Spanish Other _____

RACE/ETHNICITY (CHOOSE ALL THAT APPLY)

- White/Anglo
- Black/African American
- Hispanic/Latino
- American Indian/Native American
- Asian
- Alaska Native/Aleut/Eskimo
- Middle Eastern/North-African
- Pacific Islander
- Other
- None
- Undisclosed

SELF IDENTIFIES AS

- Disability
- College Student
- Parent/caregiver of children 0–5 years
- Active Military
- Veteran
- Having no access to personal transportation
- Other
- None
- Undisclosed

DIETARY CONSIDERATIONS

- Diabetic Diet/Low Carb
- Soft Diet/Dental Concerns
- Gluten-free
- Halal
- Heart-Healthy/Low Sodium
- Kosher
- Vegan
- Vegetarian
- No/Limited Cooking Equipment
- Other
- None

ADDITIONAL CLIENT HOUSEHOLD MEMBER(S) INFORMATION

Fill in if applicable. Additional forms may be added to reflect all household member. Do not include primary client below.

Last Name _____ First Name _____

Date of Birth (mm/dd/yyyy) _____ Is this date of birth estimated? Yes No

Gender: Female Male Transgender Undisclosed Other

Relationship to Primary Client:

- Spouse Child Parent Sibling Grandchild Common Law Partner
- Other Relative Boy/Girlfriend Friend Other Grandparent Other

Ethnicity (choose all that apply):

- White/Anglo
- Black/African American
- Hispanic/Latino
- American Indian/Native American
- Asian
- Alaska Native/Aleut/Eskimo
- Middle Eastern/North African
- Pacific Islander
- Other
- Undisclosed

Do any of the following apply to this household member?

- Disability
- College Student
- Parent/caregiver for child 0-5 years
- Active Military
- Veteran
- No access to personal transportation
- Other
- None
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Household Member’s Monthly Income:

Monthly Income: \$ _____ Income Source(s): _____

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