



Community Food Share Service Insights on MealConnect Intake Form

This institution is an equal opportunity provider.

This form is designed to collect information about you and your household so that it can be put into our paperless client intake system, Service Insights on MealConnect (SIMC). By providing this information on this form, you consent to it being transferred into SIMC. Your information will never be shared with any third party outside the charitable food network without your consent, and it will never be sold.

Primary Shopper Information:

*Name (First, Last): _____

*Date of Birth: _____ *Preferred Language: _____

*Address: _____

*Phone Number: _____ Ok to Call? Yes / No Ok to Text? Yes / No

Email: _____ Ok to Email? Yes / No

Race/Ethnicity: _____ Gender Identity: _____

*Additional Household Members (other than Primary Shopper):

If you need more space, please use the back of form.

____ # Adults ____ # Children ____ # Seniors

First Name	Last Name	Date of Birth	Gender Identity (Optional)	Race/Ethnicity (Optional)

Would you like to authorize anyone **OUTSIDE** of your household to pick up food on your behalf?

Proxy Name: _____ Proxy Phone Number: _____

Resale is prohibited. By signing here you agree not to sell, resell, or exploit for any commercial purposes any food you receive at CFS.

*Print Name: _____

*Signature: _____ *Date: _____

Data Sharing Acknowledgment

To enhance our programs and connect you with additional services, we may share your information with trusted partners, as outlined in our Privacy Policy (*the full Privacy Policy is available for review*). Please indicate below whether you agree to share your information with these organizations. Your decision will not affect your access to services.

Acknowledgement to share personal information with third parties

☐ **I agree** to share my personal information with third parties

☐ **I do not agree** to share my personal information with third parties





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Responses to these questions are not required, and your responses (or your choice not to respond) will never have any impact on the services you receive.

Optional Information:

Is anyone in your household currently receiving SNAP or food stamps?

- ☐ Yes, I already receive SNAP benefits
- ☐ Yes, I already receive SNAP and need help recertifying
- ☐ No, I am interested in signing up for SNAP
- ☐ No, I am not interested/I do not qualify for SNAP

Does anyone in your household have a disability? ☐ Yes ☐ No

How would you describe your living situation today?

- ☐ I have a steady place to live
- ☐ I have a place to live today, but I am worried about losing it in the future
- ☐ I do not have a steady place to live

Do you have any dietary needs or restrictions that the pantry should be aware of?

- ☐ Yes, _____ ☐ No

Does anyone in your household have any of the following conditions?

- ☐ Diabetes/Sugar Diabetes/Pre-diabetes ☐ Heart Disease/Stroke
- ☐ High Blood Pressure/Hypertension ☐ None

Please indicate whether the following are **often** true, **sometimes** true, or **never** true for you or your household **within the past 30 days**:

"We worried our food would run out before we got money to buy more."

- ☐ Often True ☐ Sometimes True ☐ Never True

"The food we bought just didn't last and we didn't have money to get more."

- ☐ Often True ☐ Sometimes True ☐ Never True