



Pantry Name: Somerset County Mobile Food Bank

Barcode: \_\_\_\_\_

**Required Information:**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Is date of birth estimated? \_\_\_\_\_

**Address:**

Street: \_\_\_\_\_

County: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Answering the questions below will NOT affect any service you receive now or your ability to receive services in the future. You may select "Undisclosed" for any question you do not wish to answer.**

This information will not be shared with anyone except Greater Pittsburgh Community Food Bank. By answering these questions, you're helping us serve the community and continue to provide support.

**Gender:**

\_\_\_\_ Male    \_\_\_\_ Female    \_\_\_\_ Transgender    \_\_\_\_ Undisclosed    \_\_\_\_ Other

**Marital Status:**

\_\_\_\_ Single    \_\_\_\_ Married    \_\_\_\_ Divorced    \_\_\_\_ Separated    \_\_\_\_ Widowed    \_\_\_\_ Undisclosed    \_\_\_\_ Common-Law

**Housing Type:**

\_\_\_\_ Emergency Shelter/Mission/Transitional    \_\_\_\_ Private Rental    \_\_\_\_ With family/friends  
\_\_\_\_ Evacuee    \_\_\_\_ Public Housing    \_\_\_\_ Youth Home/Shelter  
\_\_\_\_ Other    \_\_\_\_ Undisclosed  
\_\_\_\_ Own home    \_\_\_\_ Unhoused

**Email Address:**

**Phone Number:**

\_\_\_\_\_  
\_\_\_\_\_

**Languages:**

**Referred by:**

\_\_\_\_\_  
\_\_\_\_\_

**Ethnicity:**

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

*This form is to be used for the Link2Feed client intake process.*



**Additional Household Members**

_____ Name	_____ Date of Birth	_____ Gender	_____ Relationship
_____ Ethnicity	_____ Veteran/Military/Disabled		

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