



# 2019 Link2Feed Intake Form

Date: \_\_\_\_\_

General	
* Last name:	* First name: _____
* Date of Birth: ____/____/____ (mm/dd/yyyy)	Birthdate Estimated? <input type="checkbox"/> Y <input type="checkbox"/> N
* Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Undisclosed <input type="checkbox"/> Other
* Marital status:	<input type="checkbox"/> Single <input type="checkbox"/> Common-Law <input type="checkbox"/> Separated <input type="checkbox"/> Undisclosed <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
* Address:	_____
Address (Line 2):	_____
County:	_____
* City: _____	* State: _____ * Zip code: _____
<input type="checkbox"/> No fixed address	
* Housing Type:	<input type="checkbox"/> Own Home <input type="checkbox"/> Hotel/FEMA <input type="checkbox"/> Vehicle <input type="checkbox"/> Private Rental <input type="checkbox"/> Emergency <input type="checkbox"/> Public (Social) Housing <input type="checkbox"/> Shelter/Mission/Transitional <input type="checkbox"/> Evacuee <input type="checkbox"/> With Family/Friends <input type="checkbox"/> Undisclosed <input type="checkbox"/> Unhoused <input type="checkbox"/> Youth Home <input type="checkbox"/> Other
Email Address(es):	_____
Phone Number(s):	_____
ID Type Shown:	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Driver's License <input type="checkbox"/> Food For Change ID <input type="checkbox"/> Lease <input type="checkbox"/> N/A <input type="checkbox"/> No ID <input type="checkbox"/> Passport <input type="checkbox"/> State ID Card <input type="checkbox"/> Utility Bill <input type="checkbox"/> Government ID with Alien Number <input type="checkbox"/> Other _____
Language(s) Spoken in the Household:	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese <input type="checkbox"/> Hindi/Urdu <input type="checkbox"/> Arabic <input type="checkbox"/> Hindi <input type="checkbox"/> Portuguese <input type="checkbox"/> Russian <input type="checkbox"/> Vietnamese Other: _____
* Ethnicity (Check all that apply):	<input type="checkbox"/> White/Anglo <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Arab American <input type="checkbox"/> Other <input type="checkbox"/> Black /African American <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Undisclosed <input type="checkbox"/> Alaska Native/Aleut/ Eskimo <input type="checkbox"/> N/A
* Self-Identifies As:	<input type="checkbox"/> Veteran <input type="checkbox"/> Evacuee <input type="checkbox"/> N/A