



Welcome to our Network

Why are we asking these questions?

- To better serve our communities by gaining a better understanding of people’s experience and backgrounds to improve our programs and advocate for resources for our community.
- We know that we are made up by more than the boxes we offer on this form. We also understand communities of color and people in the LGBTQ+ community experience higher rates of food insecurity. We are asking you to tell us your ethnicity, language, gender, and parental status so we can better address the needs of your community.
- Any information you share is **confidential and kept private** within our network and will not be used to change the services you receive here or from other programs.
- We are not a government program. **No personal information will be shared with the government or any other outside organizations.**
- **Providing this information is optional and not required to receive food.**
- You will only need to provide your information one time at any of our locations that use Link2Feed.
- You can use your Link2Feed card at any food pantry that uses Link2Feed.
- If you have any questions, or need help filling out this form, please ask a staff person or volunteer onsite. We are happy to help.

How to fill it out:

- The questions on the first page (front and back) are for you. Don’t forget the back side.
- The second page (front and back) is for additional household members you share food with (spouse, kids, other relatives, etc.). You can fit two people per side. If your household is bigger than 5 people please ask for an extra page.
- If you don’t want to answer any of the questions, you can mark the check-box labeled “prefer not to answer”. If you do not see the “prefer not to answer” check-box option for a question please ask a staff person or volunteer for other options.

When you’re done:

- Give this form to a staff person or volunteer for review. They will make sure they can read the answers provided and that there is an answer marked in each box.

Thank you so much for your help!

If you need this form in another language, please ask.

Si necesita este formulario en otro idioma, por favor, pídalo. – **Spanish**

Если этот формуляр требуется Вам на другом языке, пожалуйста, поинтересуйтесь о его наличии.- **Russian**

如果您需要其他语言的表格，请询问。- **Simplified Chinese**

यकद तपाईंलाई यो फारम िअो ििाषामा चाकहन्छ िेिेिे पया माुहोस । - **Nepali**

သငါတို့အတွက် အချက်အလက်များကို ဖြည့်စွက်ပေးရန် အတွက် အထောက်အကူပြုရန် အတွက် အထောက်အကူပြုရန်။ - **Myanmar / Burmese**

Haddii aad u baahan tahay foomkani oo ku qoran luqad kale, fadlan codso. - **Somali**

หากท่านต้องการแบบฟอร์มนี้ในภาษาอื่น โปรดสอบถามเจ้าหน้าที่ – **Thai**

Nếu quý vị cần biểu mẫu này bằng một ngôn ngữ khác, vui lòng yêu cầu. – **Vietnamese**

إذا كنت بحاجة إلى نموذج هذا بلغة أخرى، يرجى الاتصال بـ **Arabic**

Ika pwe ke mwochen ei taropwe pwan non fosun ekkis, kose mwochen eis. – **Chuukese**

Elane kwoj aikuiji form in ilo kajin ko jet, jouij im kajitok. – **Marshallese**

Qa tajay jb'incha' u'j lu toj junt yol, nojsamay qanatz. – **Mam**

Якщо вам потрібна ця форма іншою мовою, попросить її, будь ласка. – **Ukrainian**

ဖုန်းမူရင်းပုံစံအား အသုံးပြုရန် အတွက် အထောက်အကူပြုရန် အတွက် အထောက်အကူပြုရန်။ - **Karen**

ဝိ,ဝံသျှးစုသံက ဝိ,ဝံသျှးစုသံက ဝိ,ဝံသျှးစုသံက ဝိ,ဝံသျှးစုသံက. – **Karen**

Information collected will only be used within the Oregon Food Bank Network of pantries and remain anonymous to all outside parties. This information will not be shared with the government or be used to restrict the services you receive. We are an equal opportunity provider. No services will be denied if you choose not to fill out this form. You are welcome to share as much or as little information as you would like. Thank you for your help.

a. When did you first access food assistance? (Estimation ok): Date: _____	
b. Last name: _____	c. First name: _____
d. Date of Birth: ____/____/____ (mm/dd/yyyy)	e. Is this birth date estimated? <input type="checkbox"/> Yes <input type="checkbox"/> No
f. Gender Identity: <input type="checkbox"/> Female ⁰¹ <input type="checkbox"/> Male ⁰² <input type="checkbox"/> Transgender man ⁰³ <input type="checkbox"/> Transgender woman ⁰⁴ <input type="checkbox"/> Non-binary ⁰⁵ <input type="checkbox"/> Gender non-conforming ⁰⁶ <input type="checkbox"/> None of these ⁰⁷ <input type="checkbox"/> Don't Know ⁰⁸ <input type="checkbox"/> Prefer not to answer ⁰⁹	
g. Address: _____	
h. Address (Line 2): _____ i. County: _____	
j. City: _____ k. State: _____ l. Zip code: _____	
<input type="checkbox"/> No fixed address <input type="checkbox"/> Prefer not to answer	
m. Which of the following best describes your living situation? (Select one)	
<input type="checkbox"/> A place you rent ⁰¹ <input type="checkbox"/> A place you own ⁰² <input type="checkbox"/> Someone else's place ⁰³ <input type="checkbox"/> A shelter ⁰⁴ <input type="checkbox"/> Outside ⁰⁵ <input type="checkbox"/> Somewhere else ⁰⁶ <input type="checkbox"/> Prefer not to answer ⁰⁷ <input type="checkbox"/> Don't know ⁰⁸	
n. Email Address: _____	
o. Phone Number: _____	
(You will only be contacted if there is important information regarding services like pantry closures or information about advocacy efforts for particular services or policies.)	
p. What Language(s) are spoken in your household? (Select all that apply)	
<input type="checkbox"/> English ⁰¹ <input type="checkbox"/> Spanish ⁰² <input type="checkbox"/> Somali ⁰³ <input type="checkbox"/> Vietnamese ⁰⁴ <input type="checkbox"/> Russian ⁰⁵ <input type="checkbox"/> Mandarin ⁰⁶ <input type="checkbox"/> Hindi/Urdu ⁰⁷ <input type="checkbox"/> Arabic ⁰⁸ <input type="checkbox"/> Other: _____ ⁰⁹	
q. What is your Race or Ethnicity? (Select all that apply)	
<input type="checkbox"/> White ⁰¹ <input type="checkbox"/> Hispanic / Latino ⁰² <input type="checkbox"/> Slavic / Eastern European ⁰³ <input type="checkbox"/> Asian ⁰⁴ <input type="checkbox"/> Black / African ⁰⁵ <input type="checkbox"/> Middle-Eastern / North-African ⁰⁶ <input type="checkbox"/> Black / African American ⁰⁷ <input type="checkbox"/> American Indian / Native American / Alaska Native ⁰⁸ <input type="checkbox"/> Native Hawaiian / Other Pacific Islander ⁰⁹ <input type="checkbox"/> Some other race or ethnicity ¹⁰ <input type="checkbox"/> Prefer not to answer ¹¹ <input type="checkbox"/> Don't Know ¹²	
r. Do you identify as having a disability? (Select one)	
<input type="checkbox"/> Yes ⁰¹ <input type="checkbox"/> No ⁰² <input type="checkbox"/> Don't know ⁰³ <input type="checkbox"/> Prefer not to answer ⁰⁴	
s. Do you identify as the following? (Select one)	
<input type="checkbox"/> Single parent or caregiver for child under age 18 ⁰¹ <input type="checkbox"/> No ⁰² <input type="checkbox"/> Don't know ⁰³ <input type="checkbox"/> Prefer not to answer ⁰⁴	

(Please flip over to the back)

(Data entry: switch to add household members then return to back side)

t. **What is your household's primary income type?** (Select main sources of income for your household)

- | | | |
|--|--|---|
| <input type="checkbox"/> Full-Time Work ₀₁ | <input type="checkbox"/> Part-Time Work ₀₂ | |
| <input type="checkbox"/> Social Security Benefits ₀₃ | <input type="checkbox"/> Social Security Disability Insurance (SSDI) ₀₄ | |
| <input type="checkbox"/> Farm work or Day labor ₀₅ | <input type="checkbox"/> Supplemental Security Income (SSI) ₀₆ | |
| <input type="checkbox"/> Student Financial Aid ₀₇ | <input type="checkbox"/> Retirement or Pension ₀₈ | |
| <input type="checkbox"/> Unemployment Benefits ₀₉ | <input type="checkbox"/> Tribal Funds ₁₀ | <input type="checkbox"/> No Income ₁₁ |
| <input type="checkbox"/> Family or Friends Support ₁₂ | <input type="checkbox"/> Prefer not to answer ₁₃ | <input type="checkbox"/> Don't Know ₁₄ |

u. **Does anyone in the household receive SNAP benefits?** (*Oregon Trail card in Oregon, Formerly known as Food Stamps*) (Select one)

- Yes ₀₁ No ₀₂ Don't Know ₀₃ Prefer not to answer ₀₄

v. **Does your household currently receive any of the following?** (Select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Free or Reduced Lunch ₀₁ | <input type="checkbox"/> Don't Know ₀₂ |
| <input type="checkbox"/> Medicaid (Oregon Health Plan in Oregon) ₀₃ | <input type="checkbox"/> Prefer not to answer ₀₄ |
| <input type="checkbox"/> WIC (Assistance for Women, Infants, and Children) ₀₅ | |

w. **Does anyone in your household have any Dietary Considerations?** (Select all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Low-sugar / low-carb ("diabetes-friendly") ₀₁ | <input type="checkbox"/> Low Sodium (salt)/low-saturated fat ("heart-healthy") ₀₂ |
| <input type="checkbox"/> Food allergen (e.g. peanut, seafood, dairy) ₀₃ | <input type="checkbox"/> Limited / No Cooking Equipment ₀₄ |
| <input type="checkbox"/> Gluten free ₀₅ | <input type="checkbox"/> Halal ₀₆ |
| <input type="checkbox"/> Kosher ₀₇ | <input type="checkbox"/> Soft diet / Dental Concerns ₀₈ |
| <input type="checkbox"/> Vegetarian ₀₉ | <input type="checkbox"/> Vegan ₁₀ |
| <input type="checkbox"/> Other ₁₁ (Specify: _____) | <input type="checkbox"/> Other allergen ₁₂ (Specify: _____) |
| <input type="checkbox"/> None ₁₃ | <input type="checkbox"/> Prefer not to answer ₁₄ |
| <input type="checkbox"/> Don't Know ₁₅ | |

Primary person's Last Name: _____ First Name: _____

Additional Household Members: (Please list each person you share this food with below and on the back side.)

a. Last name: _____		b. First name: _____	
c. Date of Birth: ____/____/____ (mm/dd/yyyy)		d. Is this birth date estimated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
e. Does this member attend school? <input type="checkbox"/> Yes <input type="checkbox"/> No		f. If yes, which school? _____	
g. Gender Identity:			
<input type="checkbox"/> Female ₀₁	<input type="checkbox"/> Male ₀₂	<input type="checkbox"/> Transgender man ₀₃	
<input type="checkbox"/> Transgender woman ₀₄	<input type="checkbox"/> Non-binary ₀₅	<input type="checkbox"/> Gender non-conforming ₀₆	
<input type="checkbox"/> None of these ₀₇	<input type="checkbox"/> Don't Know ₀₈	<input type="checkbox"/> Prefer not to answer ₀₉	
h. This person is your...			
<input type="checkbox"/> Spouse ₀₁	<input type="checkbox"/> Common-Law Partner ₀₂	<input type="checkbox"/> Child ₀₃	<input type="checkbox"/> Parent ₀₄
<input type="checkbox"/> Sibling ₀₅	<input type="checkbox"/> Grandchild ₀₆	<input type="checkbox"/> Grandparent ₀₇	<input type="checkbox"/> Other Relative ₀₈ <input type="checkbox"/> Ward ₀₉
<input type="checkbox"/> Boyfriend/Girlfriend ₁₀	<input type="checkbox"/> Friend ₁₁	<input type="checkbox"/> Roommate ₁₂	<input type="checkbox"/> Other ₁₃
<input type="checkbox"/> Prefer not to answer ₁₄	<input type="checkbox"/> Don't know ₁₅		
i. What is their Ethnicity? (Select all that apply)			
<input type="checkbox"/> White ₀₁	<input type="checkbox"/> Hispanic / Latino ₀₂	<input type="checkbox"/> Slavic / Eastern European ₀₃	
<input type="checkbox"/> Asian ₀₄	<input type="checkbox"/> Black / African ₀₅	<input type="checkbox"/> Middle-Eastern /North-African ₀₆	
<input type="checkbox"/> Black / African American ₀₇	<input type="checkbox"/> American Indian / Native American / Alaska Native ₀₈		
<input type="checkbox"/> Native Hawaiian / Other Pacific Islander ₀₉	<input type="checkbox"/> Some other race or ethnicity ₁₀		
<input type="checkbox"/> Prefer not to answer ₁₁	<input type="checkbox"/> Don't Know ₁₂		
j. Do they identify as having a disability? (Select one)			
<input type="checkbox"/> Yes ₀₁	<input type="checkbox"/> No ₀₂	<input type="checkbox"/> Don't know ₀₃	<input type="checkbox"/> Prefer not to answer ₀₄
k. Do they identify as the following? (Select one)			
<input type="checkbox"/> Single parent or caregiver for child under age 18 ₀₁	<input type="checkbox"/> Don't know ₀₂	<input type="checkbox"/> No ₀₃	<input type="checkbox"/> Prefer not to answer ₀₄
a. Last name: _____		b. First name: _____	
c. Date of Birth: ____/____/____ (mm/dd/yyyy)		d. Is this birth date estimated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
e. Does this member attend school? <input type="checkbox"/> Yes <input type="checkbox"/> No		f. If yes, which school? _____	
g. Gender Identity:			
<input type="checkbox"/> Female ₀₁	<input type="checkbox"/> Male ₀₂	<input type="checkbox"/> Transgender man ₀₃	
<input type="checkbox"/> Transgender woman ₀₄	<input type="checkbox"/> Non-binary ₀₅	<input type="checkbox"/> Gender non-conforming ₀₆	
<input type="checkbox"/> None of these ₀₇	<input type="checkbox"/> Don't Know ₀₈	<input type="checkbox"/> Prefer not to answer ₀₉	
h. This person is your...			
<input type="checkbox"/> Spouse ₀₁	<input type="checkbox"/> Common-Law Partner ₀₂	<input type="checkbox"/> Child ₀₃	<input type="checkbox"/> Parent ₀₄
<input type="checkbox"/> Sibling ₀₅	<input type="checkbox"/> Grandchild ₀₆	<input type="checkbox"/> Grandparent ₀₇	<input type="checkbox"/> Other Relative ₀₈ <input type="checkbox"/> Ward ₀₉
<input type="checkbox"/> Boyfriend/Girlfriend ₁₀	<input type="checkbox"/> Friend ₁₁	<input type="checkbox"/> Roommate ₁₂	<input type="checkbox"/> Other ₁₃
<input type="checkbox"/> Prefer not to answer ₁₄	<input type="checkbox"/> Don't know ₁₅		
i. What is their Ethnicity? (Select all that apply)			
<input type="checkbox"/> White ₀₁	<input type="checkbox"/> Hispanic / Latino ₀₂	<input type="checkbox"/> Slavic / Eastern European ₀₃	
<input type="checkbox"/> Asian ₀₄	<input type="checkbox"/> Black / African ₀₅	<input type="checkbox"/> Middle-Eastern /North-African ₀₆	
<input type="checkbox"/> Black / African American ₀₇	<input type="checkbox"/> American Indian / Native American / Alaska Native ₀₈		
<input type="checkbox"/> Native Hawaiian / Other Pacific Islander ₀₉	<input type="checkbox"/> Some other race or ethnicity ₁₀		
<input type="checkbox"/> Prefer not to answer ₁₁	<input type="checkbox"/> Don't Know ₁₂		
j. Do they identify as having a disability? (Select one)			
<input type="checkbox"/> Yes ₀₁	<input type="checkbox"/> No ₀₂	<input type="checkbox"/> Don't know ₀₃	<input type="checkbox"/> Prefer not to answer ₀₄
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<input type="checkbox"/> Single parent or caregiver for child under age 18 ₀₁	<input type="checkbox"/> Don't know ₀₂	<input type="checkbox"/> No ₀₃	<input type="checkbox"/> Prefer not to answer ₀₄

Additional Household Members: (Please list each person you share this food with below)

a. Last name: _____	b. First name: _____
c. Date of Birth: ____/____/____ (mm/dd/yyyy)	d. Is this birth date estimated? <input type="checkbox"/> Yes <input type="checkbox"/> No
e. Does this member attend school? <input type="checkbox"/> Yes <input type="checkbox"/> No	f. If yes, which school? _____
g. Gender Identity:	
<input type="checkbox"/> Female ⁰¹	<input type="checkbox"/> Male ⁰²
<input type="checkbox"/> Transgender woman ⁰⁴	<input type="checkbox"/> Non-binary ⁰⁵
<input type="checkbox"/> None of these ⁰⁷	<input type="checkbox"/> Don't Know ⁰⁸
<input type="checkbox"/> Transgender man ⁰³	<input type="checkbox"/> Gender non-conforming ⁰⁶
<input type="checkbox"/> Prefer not to answer ⁰⁹	
h. This person is your...	
<input type="checkbox"/> Spouse ⁰¹	<input type="checkbox"/> Common-Law Partner ⁰²
<input type="checkbox"/> Child ⁰³	<input type="checkbox"/> Parent ⁰⁴
<input type="checkbox"/> Sibling ⁰⁵	<input type="checkbox"/> Grandchild ⁰⁶
<input type="checkbox"/> Grandparent ⁰⁷	<input type="checkbox"/> Other Relative ⁰⁸
<input type="checkbox"/> Boyfriend/Girlfriend ¹⁰	<input type="checkbox"/> Friend ¹¹
<input type="checkbox"/> Roommate ¹²	<input type="checkbox"/> Ward ⁰⁹
<input type="checkbox"/> Other ¹³	
<input type="checkbox"/> Prefer not to answer ¹⁴	<input type="checkbox"/> Don't know ¹⁵
i. What is their Ethnicity? (Select all that apply)	
<input type="checkbox"/> White ⁰¹	<input type="checkbox"/> Hispanic / Latino ⁰²
<input type="checkbox"/> Slavic / Eastern European ⁰³	<input type="checkbox"/> Asian ⁰⁴
<input type="checkbox"/> Black / African ⁰⁵	<input type="checkbox"/> Middle-Eastern /North-African ⁰⁶
<input type="checkbox"/> Black / African American ⁰⁷	<input type="checkbox"/> American Indian / Native American / Alaska Native ⁰⁸
<input type="checkbox"/> Native Hawaiian / Other Pacific Islander ⁰⁹	<input type="checkbox"/> Some other race or ethnicity ¹⁰
<input type="checkbox"/> Prefer not to answer ¹¹	<input type="checkbox"/> Don't Know ¹²
j. Do they identify as having a disability? (Select one)	
<input type="checkbox"/> Yes ⁰¹	<input type="checkbox"/> No ⁰²
<input type="checkbox"/> Don't know ⁰³	<input type="checkbox"/> Prefer not to answer ⁰⁴
k. Do they identify as the following? (Select one)	
<input type="checkbox"/> Single parent or caregiver for child under age 18 ⁰¹	<input type="checkbox"/> Don't know ⁰²
<input type="checkbox"/> No ⁰³	<input type="checkbox"/> Prefer not to answer ⁰⁴

a. Last name: _____	b. First name: _____
c. Date of Birth: ____/____/____ (mm/dd/yyyy)	d. Is this birth date estimated? <input type="checkbox"/> Yes <input type="checkbox"/> No
e. Does this member attend school? <input type="checkbox"/> Yes <input type="checkbox"/> No	f. If yes, which school? _____
g. Gender Identity:	
<input type="checkbox"/> Female ⁰¹	<input type="checkbox"/> Male ⁰²
<input type="checkbox"/> Transgender woman ⁰⁴	<input type="checkbox"/> Non-binary ⁰⁵
<input type="checkbox"/> None of these ⁰⁷	<input type="checkbox"/> Don't Know ⁰⁸
<input type="checkbox"/> Transgender man ⁰³	<input type="checkbox"/> Gender non-conforming ⁰⁶
<input type="checkbox"/> Prefer not to answer ⁰⁹	
h. This person is your...	
<input type="checkbox"/> Spouse ⁰¹	<input type="checkbox"/> Common-Law Partner ⁰²
<input type="checkbox"/> Child ⁰³	<input type="checkbox"/> Parent ⁰⁴
<input type="checkbox"/> Sibling ⁰⁵	<input type="checkbox"/> Grandchild ⁰⁶
<input type="checkbox"/> Grandparent ⁰⁷	<input type="checkbox"/> Other Relative ⁰⁸
<input type="checkbox"/> Boyfriend/Girlfriend ¹⁰	<input type="checkbox"/> Friend ¹¹
<input type="checkbox"/> Roommate ¹²	<input type="checkbox"/> Ward ⁰⁹
<input type="checkbox"/> Other ¹³	
<input type="checkbox"/> Prefer not to answer ¹⁴	<input type="checkbox"/> Don't know ¹⁵
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<input type="checkbox"/> White ⁰¹	<input type="checkbox"/> Hispanic / Latino ⁰²
<input type="checkbox"/> Slavic / Eastern European ⁰³	<input type="checkbox"/> Asian ⁰⁴
<input type="checkbox"/> Black / African ⁰⁵	<input type="checkbox"/> Middle-Eastern /North-African ⁰⁶
<input type="checkbox"/> Black / African American ⁰⁷	<input type="checkbox"/> American Indian / Native American / Alaska Native ⁰⁸
<input type="checkbox"/> Native Hawaiian / Other Pacific Islander ⁰⁹	<input type="checkbox"/> Some other race or ethnicity ¹⁰
<input type="checkbox"/> Prefer not to answer ¹¹	<input type="checkbox"/> Don't Know ¹²
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<input type="checkbox"/> Yes ⁰¹	<input type="checkbox"/> No ⁰²
<input type="checkbox"/> Don't know ⁰³	<input type="checkbox"/> Prefer not to answer ⁰⁴
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<input type="checkbox"/> Single parent or caregiver for child under age 18 ⁰¹	<input type="checkbox"/> Don't know ⁰²
<input type="checkbox"/> No ⁰³	<input type="checkbox"/> Prefer not to answer ⁰⁴