

**PRIMARY PERSON VISITING PANTRY**

When did you first visit a Food Pantry for assistance? (Estimation is ok)

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

\*Last Name: \_\_\_\_\_ \*First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)

Gender:  Female  Male  Transgender  Undisclosed  Other

Marital Status:  
 Single  Married  Widow/widower  
 Separated  Divorced  Undisclosed

\*Address: \_\_\_\_\_

Address (Line2): \_\_\_\_\_ \*County: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: NC \*Zip Code: \_\_\_\_\_

What is your current housing type? (Select one)

- Emergency Shelter, Mission, Transitional
- With Family/Friends
- Other
- Private Rental
- Public Housing
- Own Home
- Undisclosed
- Unhoused

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

What languages are spoken in your household? (Select all that apply)

- English  Other \_\_\_\_\_
- Mandarin Chinese  Undisclosed
- Spanish

What is your Ethnicity/Race? (Select all that apply)

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

Do you identify as any of the following? (Select all that apply)

- Pregnant  Disability  Evacuee
- Postpartum  New Immigrant  Other
- Breastfeeding  Veteran  None
- Military service - active duty  Mental Illness  Undisclosed

**PROFILE**

What was your highest education level completed? (Select one)

- Grades 0-8  Post-Secondary (some)  Master's Degree
- Grades 9-11  Trade School / Professional Accreditation  PhD
- High School Diploma  2-Year Degree  Undisclosed
- GED  4-Year Degree

What is your current employment type? (Select one)

- Post-Secondary Student  Retired  None
- Full-Time  Undisclosed
- Part-Time  Other

### INCOME

What are your sources of income? (Select all sources of income and list monthly amount by each)

- |  |            |  |          |
|--|------------|--|----------|
| <input type="checkbox"/> Full-Time Employment      | \$ _____   | <input type="checkbox"/> Public Assistance                     | \$ _____ |
| <input type="checkbox"/> No Income                 | \$ _____ 0 | <input type="checkbox"/> Social Security Disability (SSDI/SSI) | \$ _____ |
| <input type="checkbox"/> Other                     | \$ _____   | <input type="checkbox"/> Social Security Retirement            | \$ _____ |
| <input type="checkbox"/> Part-Time Employment      | \$ _____   | <input type="checkbox"/> Social Security Survivor Benefit      | \$ _____ |
| <input type="checkbox"/> Pension (from a past job) | \$ _____   | <input type="checkbox"/> Student Loans                         | \$ _____ |

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

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Children's Health Insurance Program (CHIP)                 | <input type="checkbox"/> Section 8 Housing Assistance              | <input type="checkbox"/> Other                        |
| <input type="checkbox"/> Free-or-reduced priced breakfast                           | <input type="checkbox"/> LIHEAP (Low Income Home Energy Asst)      | <input type="checkbox"/> Free-or-reduced priced Lunch |
| <input type="checkbox"/> Medicaid   | <input type="checkbox"/> SNAP/FNS/Food Stamps                      | <input type="checkbox"/> Head Start                   |
| <input type="checkbox"/> Medicare   | <input type="checkbox"/> TANF (Temp Assistance for Needy Families) |   |
| <input type="checkbox"/> WIC (Supplemental Assistance for women, infants, children) | <input type="checkbox"/> Veterans Aid and Attendance               |   |

### HEALTH AND DIETARY CONSIDERATIONS

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

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Dietary - Dairy        | <input type="checkbox"/> Dietary - Pork      | <input type="checkbox"/> Dietary - Vegan        |
| <input type="checkbox"/> Dietary - Egg          | <input type="checkbox"/> Dietary - Red Meat  | <input type="checkbox"/> Dietary - Vegetarian   |
| <input type="checkbox"/> Dietary - Gluten/Wheat | <input type="checkbox"/> Dietary - Shellfish | <input type="checkbox"/> Health - Diabetic      |
| <input type="checkbox"/> Dietary - Kosher       | <input type="checkbox"/> Dietary - Sodium    | <input type="checkbox"/> Health - Heart Disease |
| <input type="checkbox"/> Dietary - Lactose      | <input type="checkbox"/> Dietary - Soy       | <input type="checkbox"/> Health - Hypertension  |
| <input type="checkbox"/> Dietary - Peanut       | <input type="checkbox"/> Dietary - Tree Nuts | <input type="checkbox"/> Other _____            |

### SERVICES (COMPLETED BY PANTRY WORKER)

\*A TEFAP form is required if client signature is not collected electronically\* (store form for 5 yrs.)

Type of Visit:             TEFAP Visit             Pantry Visit

Date of Visit: \_\_\_\_\_            Number of Pounds Served: \_\_\_\_\_

What are the reason(s) for this visit?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Benefits/Social Assistance Changes | <input type="checkbox"/> Benefit/Social Assistance Delays | <input type="checkbox"/> Debt                |
| <input type="checkbox"/> Delayed Wages                      | <input type="checkbox"/> Disabled                         | <input type="checkbox"/> Family Breakup      |
| <input type="checkbox"/> Homeless                           | <input type="checkbox"/> Low Wages/Not Enough Hours       | <input type="checkbox"/> Natural Disaster    |
| <input type="checkbox"/> Other                              | <input type="checkbox"/> Relocation (immigration moving)  | <input type="checkbox"/> Retired             |
| <input type="checkbox"/> Sickness/Medical Expenses          | <input type="checkbox"/> Unemployed/Recently Lost Job     | <input type="checkbox"/> Unexpected Expenses |
| <input type="checkbox"/> Unexpected Housing Expenses        |   |  |

Referrals:

- |                                      |                                 |                                  |                                 |
|--------------------------------------|---------------------------------|----------------------------------|---------------------------------|
| <input type="checkbox"/> Education   | <input type="checkbox"/> Health | <input type="checkbox"/> Housing | <input type="checkbox"/> Income |
| <input type="checkbox"/> None Needed | ★ Not Asked                     |                                  |                                 |

**ADDITIONAL HOUSEHOLD MEMBER INFO (one sheet for each member)**  
**Las los Habitantes Del Hogar (una hoja para cada miembro/o del hogar)**

**\*Last Name/Apellidos:** \_\_\_\_\_ **\*First Name/Primer Nombre:** \_\_\_\_\_

**Date of Birth/Fecha de Nacimiento:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy) (mm/dd/aaaa)

Is birth date estimated?/¿Es la fecha exacta?  Yes/Sí  No/No

**Gender/Género:**  Female/Mujer  Male/Hombre  Transgender/Transgénero  Undisclosed/No dicho

**Relationship:**

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Spouse<br>Esposa/o                    | <input type="checkbox"/> Child<br>La/El Niña/o  | <input type="checkbox"/> Parent<br>La Mamá /El Papá        | <input type="checkbox"/> Sibling<br>La Hermana/ El Hermano |
| <input type="checkbox"/> Grandchild<br>La Nieta/ El Nieto      | <input type="checkbox"/> Grandparent<br>La Abuela/ El Abuelo                          | <input type="checkbox"/> Other Relative<br>Otra/o Pariente | <input type="checkbox"/> Friend<br>La Amiga/ El Amigo      |
| <input type="checkbox"/> Boy/Girl Friend<br>La Novia/ El Novio | <input type="checkbox"/> Roommate<br>La Compañera de Cuarto<br>El Compañero de Cuarto | <input type="checkbox"/> Undisclosed<br>No Dicho           |  |

**What is your Ethnicity/Race? (Select all that apply) ¿Cuál es su etnicidad/raíz? (Elegir todos los que aplican)**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> White/<br>Caucásica/o                                  | <input type="checkbox"/> Asian<br>Asiática/o                              | <input type="checkbox"/> Other<br>Otro           |
| <input type="checkbox"/> Black/African American<br>Negra/o, Afroamericana/o     | <input type="checkbox"/> Alaska Native/Aleut/Eskimo<br>Nativa/o de Alaska | <input type="checkbox"/> Undisclosed<br>No dicho |
| <input type="checkbox"/> Hispanic/Latino<br>Hispana/o, Latina/o                 | <input type="checkbox"/> Arab/Arab American<br>Árabe/ Árabe Americana/o   |  |
| <input type="checkbox"/> American Indian/Native<br>American India/o Americana/o | <input type="checkbox"/> Pacific Islander<br>Isleña/o Pacífico            |  |

**Do you identify as any of the following? (Select all that apply) / Se auto identifica Ud. así? (Elegir todos los que aplican)**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Pregnant<br>Embarazada                               | <input type="checkbox"/> Disability<br>Discapacitada/o           | <input type="checkbox"/> Undisclosed<br>No dicho |
| <input type="checkbox"/> Postpartum<br>Acaba de dar la luz                    | <input type="checkbox"/> Mental Illness<br>Una enfermedad mental | <input type="checkbox"/> Other<br>Otro           |
| <input type="checkbox"/> Breastfeeding<br>Amamantando su bebé                 | <input type="checkbox"/> Veteran<br>Veterana/o                   | <input type="checkbox"/> N/A<br>No aplica        |
| <input type="checkbox"/> Military service - active duty<br>Militar (activa/o) | <input type="checkbox"/> Evacuee<br>Evacuada/o                   |  |

**INCOME / LOS INGRESOS**

**What are your sources of income? (Select all sources of income and list monthly amount by each) ¿Cuáles son las fuentes de los ingresos mensuales de Ud.? (Elegir todas las fuentes y poner la cantidad mensual al lado)**

- |  |            |   |          |
|--|------------|---|----------|
| <input type="checkbox"/> Full-Time Employment<br>Trabajo (Tiempo Completo) | \$ _____   | <input type="checkbox"/> Public Assistance<br>La Asistencia Pública   | \$ _____ |
| <input type="checkbox"/> No Income<br>Sin Ingresos                         | \$ _____ 0 | <input type="checkbox"/> Social Security Disability (SSDI/SSI)<br>Seguridad Social (La Discapacidad) (SSDI/SSI) | \$ _____ |
| <input type="checkbox"/> Other<br>Otro                                     | \$ _____   | <input type="checkbox"/> Social Security Retirement<br>Seguridad Social (La Jubilación)                         | \$ _____ |
| <input type="checkbox"/> Part-Time Employment<br>Trabajo (Medio Tiempo)    | \$ _____   | <input type="checkbox"/> Social Security Survivor Benefit<br>Seguridad Social (Beneficio de Sobreviviente)      | \$ _____ |
| <input type="checkbox"/> Pension (from a past job)<br>La Pensión           | \$ _____   | <input type="checkbox"/> Student Loans<br>Préstamos Estudiantiles   | \$ _____ |

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

¿Usted o su familia participa en los siguientes programas? (Elegir cada programa en que Ud. y su familia participa)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Children's Health Insurance Program (CHIP)<br>El programa del seguro de salud para niños (CHIP)                          | <input type="checkbox"/> Section 8 Housing Assistance<br>Residencia Pública                           | <input type="checkbox"/> Other<br>Otro                                     |
| <input type="checkbox"/> Free-or-reduced priced breakfast<br>El Desayuno Gratis o el Desayuno con Costo Reducido                                  | <input type="checkbox"/> LIHEAP (Low Income Home Energy Asst)<br>LIHEAP (Low Income Home Energy Asst) | <input type="checkbox"/> Pension<br>La Pensión                             |
| <input type="checkbox"/> Free-or-reduced priced Lunch<br>El Almuerzo Gratis o el Almuerzo con Costo Reducido                                      | <input type="checkbox"/> Medicaid<br>Medicaid   | <input type="checkbox"/> SNAP/FNS/Food Stamps<br>Las Estampillas de Comida |
| <input type="checkbox"/> Head Start<br>Head Start   | <input type="checkbox"/> Medicare<br>Medicare   | <input type="checkbox"/> TANF (Temp Assistance for Needy Families)<br>TANF |
| <input type="checkbox"/> WIC (Supplemental Assistance for women, infants, children)<br>WIC (Supplemental Assistance for women, infants, children) | <input type="checkbox"/> Veterans Aid and Attendance<br>Veterans Aid and Attendance                   |  |

