

# CTFB SUPPLEMENTAL INTAKE FORM

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**The following questions are optional and will not affect your ability to receive food assistance.**

*If you prefer not to answer this section, skip these questions and turn in your form.*

1. Email Address:

\_\_\_\_\_

2. What additional assistance do you receive? **(Please check all that apply)**

Social Security

Medicare

Texas Women's Health Program

CHIP

Veterans' Benefits

Other: \_\_\_\_\_

WIC

3. I identify my race or ethnicity as: **(Please check all that apply)**

American Indian or Alaska Native

Middle Eastern or North African

Asian

Native Hawaiian or Other Pacific Islander

Black or African-American

Other race or ethnicity

Hispanic, Latino/Latina, or Spanish

White

4. Gender:     Female     Male     Other     Prefer not to answer

5. How many **children (0-17)** live in your household? \_\_\_\_\_

6. How many **people 60 and older** live in your household? \_\_\_\_\_

7. How many **veterans** live in your household? \_\_\_\_\_

8. How many **active-duty military members** live in your household? \_\_\_\_\_

9. How many **college students** live in your household? \_\_\_\_\_

10. What is your preferred language?

- |   |  |
|---|--|
| <input type="checkbox"/> English                | <input type="checkbox"/> 'heɪfɒn 'kri:ouɪ (Haitian Creole) |
| <input type="checkbox"/> Español (Spanish)      | <input type="checkbox"/> हिन्दी (Hindi)                    |
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> 한국어 / 조선말 (Korean)                |
| <input type="checkbox"/> العربية (Arabic)       | <input type="checkbox"/> پښتو (Pashto)                     |
| <input type="checkbox"/> Bosanac (Bosnian)      | <input type="checkbox"/> Kiswahili / كِسُوْهِيلِ (Swahili) |
| <input type="checkbox"/> မြန်မာအက္ခရာ (Burmese) | <input type="checkbox"/> ትግርኛ (Tigrigna / Tigrinya)        |
| <input type="checkbox"/> 中文 (Chinese)           | <input type="checkbox"/> Tiếng Việt (Vietnamese)           |
| <input type="checkbox"/> tʃɛk (Czech)           | <input type="checkbox"/> Other                             |
| <input type="checkbox"/> Français (French)      | _____  |

### Central Texas Food Bank Client Release of Information

I acknowledge my information will be stored in a secure, electronic database and may be used by the Central Texas Food Bank (CTFB) and the pantry providing services to connect me to other programs or services, improve services provided to me and my community, or conduct research. I also acknowledge that CTFB may share aggregated, anonymized, or de-identified information with Feeding America and other community partners to better serve me.

By consenting to release my information, I agree to share my information with CTFB and its partners to improve services for me and make it easier for me to access food at other pantries in the CTFB network without having to provide the same information at different sites. By not consenting, I agree to only share my information with the agency and CTFB.

YES

NO

