



**Helping Harvest Food Bank
Service Insights- MealConnect Offline Intake Form**

**Please Print Clearly
Required Questions are *bold**

FOR STAFF USE ONLY:

Barcode #: _____

Head of Household Information

***First Name:** _____ ***Last Name:** _____
 ***Date of Birth:** ____ / ____ / ____ (mm/dd/yyyy)

***Address:** _____ Apt/FL/Rm: _____
 ***City:** _____ ***State:** _____ ***Zipcode:** _____
 ***County:** _____
 No fixed address

***Phone Number:** _____
 Ok to contact via phone
 No phone
 Email Address: _____
 Ok to contact via email
 What method of communication do you prefer?
 Text
 Call
 Email

***Race/Ethnicity (choose all that apply):**
 White
 Asian
 Hispanic, Latino, or Spanish
 Black or African American
 American Indian or Alaska Native
 Native Hawaiian or Other Pacific Islander
 Middle Eastern or North African
 Some other race or ethnicity
 ○ _____

Preferred Language(s):
 English
 Spanish
 French
 Korean
 Russian
 Other:
 Do you need translation services?
 Yes
 No

***Gender:**
 Male
 Female
 Transgender
 Trans Male/ Trans Man
 Trans Female/ Trans Woman
 Gender non-conforming
 Non-binary
 Don't know/ Prefer not to answer

This form is designed to collect information about you and your household so that it can be put into our paperless client tracking system, called Service Insights on MealConnect. By providing this information on this form, you consent to it being transferred into SI-MC. Your data will never be shared with any third party outside of the charitable food network without your consent, and it will never be sold. If you have any questions, please contact Helping Harvest or the coordinator at your local food pantry.

***HOUSEHOLD MEMBERS- Provide the following information for ALL other members living in the household- DO NOT INCLUDE YOURSELF. If you need more room, please use the back of this sheet.**

* First Name	* Last Name	* Date of Birth (Month/Day/Year)	Age

*Does anyone in the household current receive SNAP or Food Stamps? Yes No

***Neighbor Signature:** _____ ***Date Completed:** _____