



# Guest Information Form

## PERSONAL INFORMATION

Name

Address

DOB  Gender Identity

Phone  Race/Ethnicity

Email  Monthly Household Income

## FOOD INSECURITY QUESTIONS

**Often      Sometimes      Never**

1. Have you been WORRIED about running out of food recently?
2. Have you ACTUALLY been running out of food recently?

## GENERAL INFORMATION

**Yes      No**

3. Is anyone in the household receiving SNAP benefits (food stamps)?
4. Is anyone in the household claiming kids on taxes? (Earned Tax Credit)
5. Is anyone in the household enrolled in LIEAP? (Energy Assistance)
6. Is anyone in the household receiving WIC benefits?
7. Is anyone in the household receiving Veterans Assistance?
8. Are kids in the household receiving Free/Reduced meals at school?

## IS ANYONE IN THE HOUSEHOLD RECEIVING? (MARK ALL THAT APPLY)

- |                                |   |   |
|--------------------------------|---|---|
| <input type="radio"/> MEDICAID | <input type="radio"/> SECTION 8 VOUCHER | <input type="radio"/> SOCIAL SECURITY                             |
| <input type="radio"/> MEDICARE | <input type="radio"/> PUBLIC HOUSING    | <input type="radio"/> SUPPLEMENTAL SECURITY INCOME (SSI)          |
|                                |   | <input type="radio"/> SOCIAL SECURITY DISABILITY INSURANCE (SSDI) |

Please add every household member's information below. A household member is any person you live under the same roof with. If there are more people in your household, please use another one of these forms

### ADDITIONAL HOUSEHOLD MEMBERS

}	Name	<input type="text"/>		
	DOB	<input type="text"/>	Gender Identity	<input type="checkbox"/> <u>Male</u> <input type="checkbox"/> <u>Female</u> <input type="checkbox"/> <u>Trans</u> <input type="checkbox"/> <u>None of these</u>
	Race/Ethnicity	<input type="checkbox"/> <u>White</u> <input type="checkbox"/> <u>Hispanic/Latinx</u> <input type="checkbox"/> <u>Black/African American</u> <input type="checkbox"/> <u>Asian</u> <input type="checkbox"/> <u>American Indian/Alaska Native</u> <input type="checkbox"/> <u>Middle Eastern/North African</u> <input type="checkbox"/> <u>Native Hawaiian/Pacific Islander</u> <input type="checkbox"/> <u>Prefer not to answer</u>		
}	Name	<input type="text"/>		
	DOB	<input type="text"/>	Gender Identity	<input type="checkbox"/> <u>Male</u> <input type="checkbox"/> <u>Female</u> <input type="checkbox"/> <u>Trans</u> <input type="checkbox"/> <u>None of these</u>
	Race/Ethnicity	<input type="checkbox"/> <u>White</u> <input type="checkbox"/> <u>Hispanic/Latinx</u> <input type="checkbox"/> <u>Black/African American</u> <input type="checkbox"/> <u>Asian</u> <input type="checkbox"/> <u>American Indian/Alaska Native</u> <input type="checkbox"/> <u>Middle Eastern/North African</u> <input type="checkbox"/> <u>Native Hawaiian/Pacific Islander</u> <input type="checkbox"/> <u>Prefer not to answer</u>		
}	Name	<input type="text"/>		
	DOB	<input type="text"/>	Gender Identity	<input type="checkbox"/> <u>Male</u> <input type="checkbox"/> <u>Female</u> <input type="checkbox"/> <u>Trans</u> <input type="checkbox"/> <u>None of these</u>
	Race/Ethnicity	<input type="checkbox"/> <u>White</u> <input type="checkbox"/> <u>Hispanic/Latinx</u> <input type="checkbox"/> <u>Black/African American</u> <input type="checkbox"/> <u>Asian</u> <input type="checkbox"/> <u>American Indian/Alaska Native</u> <input type="checkbox"/> <u>Middle Eastern/North African</u> <input type="checkbox"/> <u>Native Hawaiian/Pacific Islander</u> <input type="checkbox"/> <u>Prefer not to answer</u>		
}	Name	<input type="text"/>		
	DOB	<input type="text"/>	Gender Identity	<input type="checkbox"/> <u>Male</u> <input type="checkbox"/> <u>Female</u> <input type="checkbox"/> <u>Trans</u> <input type="checkbox"/> <u>None of these</u>
	Race/Ethnicity	<input type="checkbox"/> <u>White</u> <input type="checkbox"/> <u>Hispanic/Latinx</u> <input type="checkbox"/> <u>Black/African American</u> <input type="checkbox"/> <u>Asian</u> <input type="checkbox"/> <u>American Indian/Alaska Native</u> <input type="checkbox"/> <u>Middle Eastern/North African</u> <input type="checkbox"/> <u>Native Hawaiian/Pacific Islander</u> <input type="checkbox"/> <u>Prefer not to answer</u>		