



Guest Information

(please print clearly)



All information on this form is to help Flint Hills Breadbasket understand your specific needs and to collect information about food insecurity in Manhattan.

Name _____
(Last) (First)

Address _____ City _____ Zip _____

Phone # _____ Number of People in Household _____

Please list the ages of the people living in your household and any special dietary needs:

Age	Special dietary needs
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

These statements are about the food eaten in your household in the last 12 months and whether you were able to afford the food you need.

- The food that I bought just didn't last, and I didn't have money to get more.
 - Often true
 - Sometimes true
 - Never true
 - Don't know
- I couldn't afford to eat balanced meals.
 - Often true
 - Sometimes true
 - Never true
 - Don't know
- I (or other adults in the household) cut the size of my meals or skipped meals because there wasn't enough money for food.
 - Yes, almost every month
 - Yes, some months but not every month
 - Yes, only 1 or 2 months
 - No
- I ate less than I felt I should because there wasn't enough money for food.
 - Yes
 - No
 - Don't know
- I was hungry but didn't eat because there wasn't enough money for food.
 - Yes
 - No
 - Don't know

Signature _____ Date _____