



Guest Information

(please print clearly)



All information on this form is to help the Flint Hills Breadbasket understand your needs and to collect general information about food insecurity in Riley County.

Name _____
(First) (Last)

Date of Birth _____

Address _____ City _____

Zip _____

Phone # _____ Email _____

SNAP Yes No

Household Information:

Name (First & Last)

Date of Birth

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.

1. 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

2. I couldn't afford to eat balanced meals.

Often true Sometimes true Never true Don't know

3. 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

4. I ate less than I felt I should because there wasn't enough money for food.

Yes No Don't know

5. I was hungry but didn't eat because there wasn't enough money for food.

Yes No Don't know

Signature _____ Date _____