

Link2Feed Intake: Guidance for Asking Questions

Before starting intake, offer background on Link2Feed:

Why are we asking these questions?

- By gaining a better understanding of people's experience and backgrounds, we can better serve our communities by improving programs and advocating for needed resources.
- We know that we are made up by more than the boxes we offer on this form. We also understand that communities of color and people in the LGBTQ+ community experience higher rates of food insecurity. We are asking you to tell us your ethnicity, language, gender, and parental status so we can better address the needs of your community.

Providing this information through Link2Feed is optional and not required to receive food.

- If you choose to provide your information, you will only need to provide it one time at any of our locations that use Link2Feed.
- You can use your Link2Feed card at any food pantry that uses Link2Feed.
- If you have any questions, or need help filling out this form, please ask a staff person or volunteer onsite.
- Any information you share is **confidential and kept private** within our network and will not be used to change the services you receive here or from other programs.
- We are not a government program. **No personal information will be shared with the government or any other outside organizations.**

How to fill it out:

- The questions on the first page (front and back) are for you. Don't forget the back side.
- The second page (front and back) is for additional household members you share food with (spouse, kids, other relatives, etc.). You can fit two people per side. If your household is bigger than 5 people please ask for an extra page.
- If you don't want to answer a particular question, you can mark the check-box labeled "prefer not to answer." If you do not see the "prefer not to answer" check-box option for a question, please ask a staff person or volunteer for other options.
- **When you're done:** Give this form to a staff person or volunteer for review. They will make sure they can read the answers provided and that there is an answer marked for each question.

PERSONAL TAB

A. First Visit:

When was the first time you visited this or another food pantry?

***B/C. Last Name/ First Name:**

What is your preferred name? Would you like me to list your preferred pronouns (for example, she/her, he/him, they/them)? (If client discloses their preferred pronoun, that can be recorded as an alert (after intake: go to Notes tab; mark this note as an alert)

D/E. Date of Birth:

What is your date of birth? (If date is estimated, check the box for "yes")

F. Gender Identity:

What would you like me to list as your gender identity?

Gender identity is your sense of self as a woman, man, both, neither, or something else. Some choices include: female, male, transgender man, transgender woman, gender non-conforming....

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***G-I. Address:**

What is the address where you live? (If client doesn't feel comfortable sharing full address, zip code is fine or select 'No Fixed Address' if no address)

M. Housing Type:

What is your current living situation? (Some choices include: rent, own, live in someone else's place, outside)

N/O. Email/Phone Numbers:

Would you like to share your contact information with us? It will be kept confidential, and you will only be contacted if there is important information regarding services like pantry closures, or information about advocacy efforts for particular services or policies.

P. Languages:

What languages are spoken in your home?

Q. Ethnicity:

What would you like me to list as your race or ethnicity? You can select as many identities as you like.

R. Disability Status:

Are you currently living with a disability?

S. Self-Identifies as Single Parent/Caregiver:

Are you a single parent or caregiver for a child under age 18?

HOUSEHOLD MEMBERS: (People you share food with)

***Last Name/ First Name:**

What is their name?

Date of Birth:

What is their date of birth? (If date is estimated, check the box for "yes")

Gender Identity:

Do you know what they would like to list as their gender identity? (If no, mark as Don't Know)

Relationship:

What is your relationship to the household member?

Ethnicity:

Do you know what they would like to list as their race or ethnicity? (If no, mark as Don't Know)

Disability Status:

Do you know if they are currently living with a disability? (If no, mark as Don't Know)

Self-Identifies as Single Parent/Caregiver:

Do you know if they identify as a single parent or caregiver for a child under age 18? (If no, mark as Don't Know)

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INCOME TAB

T. Household Income Type:

What is your household's main source of income?

U. Household Participation in SNAP:

Does anyone in your household receive SNAP benefits (Oregon Trail/ EBT card/ Food Stamps)?

V. Other Assistance:

Does anyone in your household receive:

Free or Reduced Lunch

Medicaid (Oregon Health Plan)

WIC (Supplemental Assistance for Women, Infants, and Children)

W. Dietary Considerations:

Does anyone in your household have any dietary considerations? (such as: dental concerns, low sugar/low sodium, food allergies, vegetarian/vegan, Kosher, Halal)