Client Intake Form

Head of Household Information

First Name : Last Name :

Address :

City : ZIP :

Family Size = Seniors over 60+ : + Adults (18-59) : + Minors Under 18 :

Terms & Conditions

I authorize the Los Angeles Regional Food Bank ("LARFB") to upload my personal identifying information, which may include my name, date of birth, gender, ethnicity, address, contact information, and household information as requested on this "Client Intake Form", as well as my service transactions, to the OasisInsight cloud-based database. I understand that through this upload, my personal identifying information may be shared with other partner agencies or food pantries but solely for purposes of evaluating statistical data to make improvements to charitable programs. I further understand that I can revoke this authorization at anytime by contacting a member of the Agency Relations Team at the LARFB and that photocopies of this authorization shall be considered as valid as an original.

Signature : Date :

Completion of the following sections is not required to receive food. However, we request you consider providing the information. The information will help us advocate for additional food resources in Los Angeles County.

Contact Info

Phone # : Email :

Head of Household Demographics

Month/Year: of Birth

Gender: ☐ Male ☐ Female ☐ Decline to State ☐ Non-Binary/Genderfluid

Ethnicity: ☐ White ☐ Black ☐ Hispanic, Latinx ☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ American Indian or Alaska Native ☐ Middle Eastern ☐ Other:

Optional Information

Fill out if anyone in your household meets this criteria

Military Status: ☐ Active ☐ Veteran ☐ Decline to State

Housing Status: ☐ Rent/Own ☐ Unhoused ☐ Other:

Disabled Individual: ☐ Yes ☐ No ☐ Decline to State

Government Assistance (Select all that apply): ☐ Calfresh ☐ CalWorks/TANF ☐ Section 8 ☐ SSI ☐ Medi-Cal ☐ General Relief ☐ WIC ☐ Other:

TURN OVER

LOS ANGELES REGIONAL FOOD BANK
Fighting Hunger. Giving Hope.

Client Intake Form

Family Members

Adults

First Name and Last Initial:	Year of Birth:	Ethnicity:		Gender:
		☐ Same as Above ☐ Other:		☐ Male ☐ Female ☐ Decline ☐ Nonbinary/genderfluid
		☐ Same as Above ☐ Other:		☐ Male ☐ Female ☐ Decline ☐ Nonbinary/genderfluid
		☐ Same as Above ☐ Other:		☐ Male ☐ Female ☐ Decline ☐ Nonbinary/genderfluid
		☐ Same as Above ☐ Other:		☐ Male ☐ Female ☐ Decline ☐ Nonbinary/genderfluid
		☐ Same as Above ☐ Other:		☐ Male ☐ Female ☐ Decline ☐ Nonbinary/genderfluid
		☐ Same as Above ☐ Other:		☐ Male ☐ Female ☐ Decline ☐ Nonbinary/genderfluid

Minors

First Name and Last Initial:	Year of Birth:	Ethnicity:	
		☐ Same as Above ☐ Other:	
		☐ Same as Above ☐ Other:	
		☐ Same as Above ☐ Other:	
		☐ Same as Above ☐ Other:	
		☐ Same as Above ☐ Other:	
		☐ Same as Above ☐ Other:	
		☐ Same as Above ☐ Other:	