



Second Harvest Food Bank

Service Insights – Offline Intake Form

This form is designed to collect information about you and your household so that it can be put into our paperless client intake system, Service Insights on MealConnect (SI-MC). By providing this information on this form, you consent to it being transferred into SI-MC. Your information will never be shared with any third party outside the charitable food network without your consent, and it will never be sold.

ALL FIELDS ON THE FRONT PAGE ARE REQUIRED

Head of Household (HoH) Information:

Name (First, Last): _____ Date of Birth **OR** Age: _____

Address: _____

Phone Number: _____ No Phone? Ok to Call? Okay to Text?

Proxy (People Outside Your Household Picking up Food for You) Information (optional to have a proxy):

Proxy Name: _____ Proxy Phone Number: _____

Receive SNAP/Food Stamps (you or anyone in your household)? _____

Do you make less than the amount of annual income for your household size? (circle household size)

Household Size	Annual Income	Monthly Income
1	\$27,861	\$2,322
2	\$37,814	\$3,151
3	\$47,767	\$3,981
4	\$57,720	\$4,810
5	\$67,673	\$5,640
For each additional family member add:	\$9,953	\$830

Additional Household Members:

Please list the names and ages of all household members not including yourself (the head of the household) below. *If it is a child, you can just fill the first name as "Child". Adults in the household need to have their names listed.* If you need more space, please use the back side of this sheet.

First Name *Required only for adults in the household	Last Name *Required only for adults in the household	Age *Required for all household members

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Optional Information:

Responses to these questions are not required, and your responses (or your choice not to respond) will never have any impact on the services you receive.

HoH Gender Identity: _____ HoH Race/Ethnicity: _____

Has anyone in your household, including yourself, served on active duty in the U.S. Armed Forces? (if yes, please provide branch) _____

Participant Signature: _____ **Date:** _____

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