**Gallatin Valley Food Bank Client Intake Sheet – Short Form**

**Please fill out this form to the best of your ability so we may better accommodate you. Any information listed is used by Gallatin Valley Food Bank and HRDC for contact information and to report the need in our community; it is not used to supply information to any other organization. Your answers to these questions do not affect your eligibility for Gallatin Valley Food Bank services. *Your thoroughness is appreciated!***

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_­­­­­­­\_\_\_\_

Phone Number: (\_\_­­\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you pick up your Senior Groceries here (GVFB)? 🞏 Yes (Please let staff know) 🞏 No 🞏 Not Applicable.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Permanent** Household Members  (List yourself first, please do not include roommates)  First Name Last Name | Identification Number  SSN or **last 4 of SSN**/  Driver’s License # | Relationship to You  For example: spouse, daughter, brother etc | Gender  M/F  /Other | Birth date  MM/DD/YYYY | Veteran  Y/N |
| 1. |  | **Self** |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| 6. |  |  |  |  |  |
| 7. |  |  |  |  |  |
| 8. |  |  |  |  |  |
| 9. |  |  |  |  |  |