

Neighbor Intake Form 2026-2027

Non-USDA 06/2026

(For Agency Use Only) Agency Representative: _____ Date: _____
 Agency: _____ Parish: _____
 Date Entered in SIMC: _____

First Name	Middle Name	Last Name	Date of Birth: (MM/DD/YYYY)	
Address	Unit/Apt #	City	State	Zip
Email Address	Phone Number	Gender (M / F / Other)	Race/Ethnicity	

Please check the box if okay to contact.

What method of communication do you prefer? Text Call Email
(Please check all boxes that apply)

Household Members (*not including yourself*):

First Name	Middle Name	Last Name	Gender (M / F / Other)	Date of Birth OR Age	Race/Ethnicity

Preferred Language(s): (*Check all boxes that apply*)

English Sign Language
 Spanish Other: _____

Is anyone in the household currently receiving SNAP or food stamps? Yes No Don't know/Prefer not to answer

Does anyone in your household currently receive benefits through the following government programs?

(Check all boxes that apply)

<input type="checkbox"/> Commodity Supplemental Feeding Program	<input type="checkbox"/> Free/reduced price school meals	<input type="checkbox"/> Social Security Disability Insurance (SSDI) or disability payments
<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> TANIF/FITAP or cash assistance	<input type="checkbox"/> Child and Adult Care Food Program
<input type="checkbox"/> None	<input type="checkbox"/> Don't know / Prefer not to answer	

Which category represents the total income of all members of your household in a typical month?

- | | | |
|--|--|--|
| <input type="checkbox"/> Zero | <input type="checkbox"/> Less than \$500 | <input type="checkbox"/> \$500-\$999 |
| <input type="checkbox"/> \$1,000-\$1,999 | <input type="checkbox"/> \$2,000-\$2,999 | <input type="checkbox"/> \$3,000-\$3,999 |
| <input type="checkbox"/> \$4,000 or more | <input type="checkbox"/> Don't know/Prefer not to a answer | |

Dietary Restrictions: *(Check all boxes that apply)*

- | | | |
|---|---|---|
| <input type="checkbox"/> Difficulty Chewing or Swallowing | <input type="checkbox"/> Difficulty Cutting Foods | <input type="checkbox"/> Food Allergies _____ |
| <input type="checkbox"/> Gluten Free | <input type="checkbox"/> Halal | <input type="checkbox"/> Kosher |
| <input type="checkbox"/> Low Fat | <input type="checkbox"/> Low Sodium | <input type="checkbox"/> Low Sugar |
| <input type="checkbox"/> Microwave/Limited Cooking Only | <input type="checkbox"/> Vegan | <input type="checkbox"/> Vegetarian |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> No Restrictions | <input type="checkbox"/> Don't know /
Prefer not to answer |

Authorized Representative(s) to Pick Up Food *(not a member of the Household)*

Phone Number

Head of Household's Signature

Can you please tell me whether the following are often true, sometimes true, or never true for (you or your household):

"Within the past 30 days we worried whether our food would run out before we got money to buy more."

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> Often true | <input type="checkbox"/> Sometimes true | <input type="checkbox"/> Never true |
| <input type="checkbox"/> Don't know / Prefer not to answer | | |

"Within the past 30 days the food we bought just didn't last and we didn't have money to get more."

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> Often true | <input type="checkbox"/> Sometimes true | <input type="checkbox"/> Never true |
| <input type="checkbox"/> Don't know / Prefer not to answer | | |

Assistance: *(Check all boxes that apply)*

- | | | |
|--|---|--|
| <input type="checkbox"/> Needs help bringing
food to transportation | <input type="checkbox"/> Needs transportation | <input type="checkbox"/> Needs home delivery |
| <input type="checkbox"/> None | | |