

Neighbor Intake Form 2026-2027

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

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

 Head of Household's Signature

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 | |

What is your total gross household income?

Weekly \$ Amount

OR

Monthly \$ Amount

OR

Yearly \$ Amount

I am an undocumented person.

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

English

Sign Language

Spanish

Other _____

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

Difficulty Chewing or Swallowing

Difficulty Cutting Foods

Food Allergies _____

Gluten Free

Halal

Kosher

Low Fat

Low Sodium

Low Sugar

Microwave/Limited Cooking Only

Vegan

Vegetarian

Other _____

No Restrictions

Don't know /
Prefer not to answer

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.”

Often true

Sometimes true

Never

Don't know / Prefer not to answer

true

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

Often true

Sometimes true

Never

Don't know / Prefer not to answer

true

Assistance: *(Check all boxes that apply)*

Needs help bringing
food to transportation

Needs transportation

Needs home delivery

None