

# NAPA FOOD BANK

## Client Intake Form

Date of Service: \_\_\_\_\_

Staff Member: \_\_\_\_\_

### Section I: Applicant Information

<b>Full Name</b> (Last, First, Middle)		<b>Birthdate</b>
<b>Street Address</b>		
<b>Zip Code</b>	<b>City</b>	
<b>Gender</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Race</b> (Please check <b>all</b> blocks that apply) <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Multi Race	
<b>Ethnicity</b> (one block <b>must</b> be checked) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/>		