



Administrative Purposes Only	
Site Name:	Assistance Date:
Card #:	<input type="checkbox"/> Entry Complete

English Version

New Pantry Member Registration

We collect this information to learn more about our community. All information is kept confidential. Please fill out the form in English letters only. If you need assistance, please inform a volunteer or staff member.

1. Full Name:		2. Date of Birth:	
3. Total number of household members: _____	4. Number of household members in each age range: Children (0 – 17): _____ Adult (18 – 59): _____ Seniors (60+): _____		
5. Street Address:		City:	Zip Code:
			<input type="checkbox"/> Check box if experiencing homelessness
6. Phone Number:		<input type="checkbox"/> Check box to receive text updates from BFN <i>Standard messaging rates apply</i>	
7. How do you self-identify by Race/Ethnicity? (select all that apply) <input type="checkbox"/> Hispanic or Latinx <input type="checkbox"/> Black or African American <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Asian American/Pacific Islander <input type="checkbox"/> Native American/Native Hawaiian <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Some other race or ethnicity, please list: _____			
8. What is your preferred language? (please select one) <input type="radio"/> English <input type="radio"/> Spanish <input type="radio"/> Cantonese <input type="radio"/> Mandarin <input type="radio"/> Vietnamese <input type="radio"/> Filipino/Tagalog <input type="radio"/> Arabic <input type="radio"/> Farsi <input type="radio"/> ASL <input type="radio"/> Other language: _____			
9. How did you hear about the food pantry? (please select one) <input type="radio"/> Family/Friend <input type="radio"/> Flier <input type="radio"/> School <input type="radio"/> Work <input type="radio"/> Social Media <input type="radio"/> Website <input type="radio"/> Housing Complex <input type="radio"/> Walked/Drove By <input type="radio"/> Other: _____			
10. Do any of these social categories apply to you? (select all that apply) <input type="checkbox"/> College Student <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled <input type="checkbox"/> Formerly Incarcerated <input type="checkbox"/> Unemployed <input type="checkbox"/> None Apply			
11. Does anyone in your household receive CalFresh/Snap EBT?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. If not, would you like to be prescreened for CalFresh/Snap EBT?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

All information is stored in a shared, computerized cloud-based database that records information about people experiencing a need for food assistance. All personally identifiable information such as name, full address and phone numbers will **not** be shared with anyone other than Berkeley Food Network (BFN) and Alameda County Community Food Bank (ACCFB). BFN uses this information to gain insight about how to better serve the community with emergency food assistance and other community-based services.

Signing this agreement allows BFN & ACCFB to store your information for three years. If you would like to remove your information from this private and secure database, you can write to BFN & ACCFB requesting to **not** participate in the Oasis Client Voice System. I authorize Berkeley Food Network and BFN's Network Agencies to collect and safely store my basic information.

Signature _____

Date _____