Client Information Form

- Statistical information helps Food Bank of Wyoming and their partners across the state receive additional food and funds to better serve Wyoming
- Information on this form is optional and confidential If you do not want to provide your information or you feel uncomfortable answering any questions, we respect that choice and will do our best to provide services to you
- Eligibility for income restricted USDA products (TEFAP) do require replies as indicated by a star: ★

If you have any questions regarding this form, please contact your local food pantry:

Site Name:	Phone Number:				
★Last name:		★First name			
Birthdate://	/ Gender:		Marital Status:		
Address:					
Mailing; If Different:					
			★Zip code:		
★County:			□ No fixed address/ Undisclosed		
Housing Type (i.e. Own I	Home, Rental, Shelte	er):			
ID Type Shown (if application)	able):				
Phone Number: Preferred Language(s):					
Referred By (i.e. friend, o	online, social worker	·):	, , , , , , , , , , , , , , , , , , , ,		
Ethnicity/ Race: Other Considerations:		High	nest Level of	Education:	
☐ Homebound	П	Veteran		□ None	
☐ Disability		Other	☐ Prefer Not to Answer		
•					TVOC TO 7 THOWO!
★Total Number of Individ Children (0-18):			rs (60+):		
Additional Information	, , ,		, ,		
Last Name	First Name	Birthdate	Gender	Relation	Ethnicity/Race
<u> </u>				<u>l</u>	
★Total gross monthly in					
Are you or those in your	household enrolled	in additional s	ocial assista	nce programs?	?
□ Yes □ No If yes, plea	se explain:				



we use Link2Feed to digitally track and store our distribution information.
Link2Feed is a client intake software that safely and confidentially stores information. The program helps to
determine program eligibility and provides Food Bank of Wyoming and its partners information about hunger-relie
efforts in the community Please refer to "Our Data Promise" for more information on Link2Feed.

I give permi □ Yes	ssion for the information on this form to be entered into the online Link2Feed Database □ No		
Please list a	ny dietary allergies or considerations:		
Other Comments:			

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail:

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW Washington, D.C. 20250-9410; or

2. **fax**:

(833) 256-1665 or (202) 690-7442; or

3. email:

Program.Intake@usda.gov

