

Statesboro Food Bank, Inc. Community Crisis Assistance Neighbors Helping Neighbors: Family Questionnaire

The information provided in this form is collected by the Statesboro Food Bank for administrative purposes. Your privacy and confidentiality are essential to us, and this information will be used solely for program management. Your personal data will not be shared or disclosed to unauthorized parties.

### **Section 1: Personal Information**

Full Name:		Date of Birth:	
Gender( <i>optional</i> ):		Race/Ethnicity ( <i>optional)</i> :	
Address:	City:	State: Zip Code:	
County:		Phone Number:	
Email ( <i>if available</i> ):			

### Section 2: Employment and Income

Do you need assistance with employ DNo	🗖 Yes	
Do you need assistance with financial or income-related resources?		
<b>Optional: You may choose to skip this section</b> Current Employment Status:		
□Employed □Unemployed □Retir	ed ∎Disabled ∎Student ∎Other:	
Occupation:	_ Employer Name:	
Monthly Income:	Additional Informtion:	

### **Section 3: Housing**

	Do you need assistance with housing or shelter resources?		□ Yes □ Yes	⊡No ⊓No		
	Do you have stable housing? Do you need assistance with housing resources?		⊡ res ⊡ Yes			
	Do you need ass		with housing	lesources:		
	Optional: You may cho	-	this section			
	Current Housing	Status:				
	<b>⊡</b> Own (	Rent	□Homeless	<b>D</b> Other:		
Sectio	n 4: Food and N	utrition				
	Do you need <u>im</u>	mediate	food assista	nce?		🗆 Yes
		mediate				
	Do you or any fa	mily me	mbers have d	ietary restrictions or allergies?		🗇 Yes
	⊡No	-				
	If yes, please pro	vide adc	litional inform	nation:		

Do you need assistance with dietary or nutrition-related resources?	🗖 Yes
□No	
Are you currently receiving assistance from any food programs?	🗖 Yes
□No	
If yes, please provide additional information:	
Do you need assistance with food program applications or related resources	? 🗖 Yes
□No	
Do you or your family members have enough food to eat every day, including	g nutritious
options for pregnant or nursing mothers?	🗖 Yes
□No	
Do you need assistance with dietary or nutrition-related resources?	🗖 Yes
□No	

## Section 5: Health and Medical

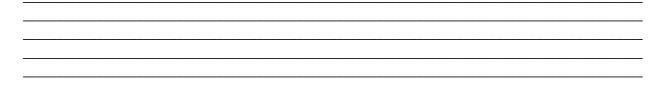
Do you have any medical conditions or disabilities? □No	Yes
Do you need assistance with medical or healthcare-related resources?	🗖 Yes
Are you currently receiving any medical or healthcare assistance?	🗖 Yes
Do you need help accessing healthcare services or related resources?	🗖 Yes
Are there any specific health concerns you would like to address?	🗖 Yes
If yes, please provide additional information:	
Do you need assistance with addressing specific health concerns?	🗖 Yes
Section 6: Emergency Needs	
Do you need <b>immediate emergency assistance</b> ? □No If yes, please provide additional information:	🗖 Yes
Have you experienced a recent emergency? □No If yes, please provide additional information:	🗖 Yes

# Section 7: Additional Support

Are you aware of any community or social services available to you? □ Yes □No

Do you need assistance in finding or accessing community services?	🗖 Yes
Do you have any transportation challenges?	🗆 Yes
Do you need transportation assistance? □No	🗖 Yes
Are there any specific literacy needs in your household? □No	🗖 Yes
Is English your primary language, or do you need assistance with language to learning English? □No	ranslation or 🗇 Yes
Are you interested in job training or education programs?	🗖 Yes
Are you seeking childcare assistance? □No	🗖 Yes
Are you looking for legal or financial counseling services?	🗖 Yes
Are you seeking mental health or counseling resources?	🗖 Yes

Are there any other specific needs or concerns you would like to share with us?



Thank you for sharing this information with us. Your responses are crucial in helping us understand your unique needs. We respect your privacy, and you have the option to skip any parts of the application that you're not comfortable with, or if they don't apply to your situation. However, please keep in mind that the more details you provide, the better equipped we are to guide you towards the most appropriate resources and support in our community. Kindly return this form to us, and we will make every effort to assist you promptly. Should you require immediate assistance, please don't hesitate to contact our office at (912) 386-1462. Your well-being is important to us, and we're here to help.

### Section 8: Consent and Signature

### **Consent to Share Information with Relevant Service Providers:**

I affirm that the information provided above is true and accurate to the best of my knowledge. I understand that this information will be used by the Statesboro Food Bank to help connect individuals in need with essential community resources. I willingly grant consent for the Food Bank to facilitate these connections.

Applicant Signature

Date