



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(*optional*): _____ Race/Ethnicity (*optional*): _____
Address: _____ City: _____ State: _____ Zip Code: _____
County: _____ Phone Number: _____
Email (*if available*): _____

Section 2: Employment and Income

Do you need assistance with employment or income-related resources? Yes
 No

Do you need assistance with financial or income-related resources? Yes
 No

Optional: You may choose to skip this section

Current Employment Status:

Employed Unemployed Retired Disabled Student Other:

Occupation: _____ Employer Name: _____

Monthly Income: _____ Additional Information: _____

Section 3: Housing

Do you need assistance with housing or shelter resources? Yes No

Do you have stable housing? Yes No

Do you need assistance with housing resources? Yes No

Optional: You may choose to skip this section

Current Housing Status:

Own Rent Homeless Other: _____

Section 4: Food and Nutrition

Do you need immediate food assistance? Yes
 No

Do you or any family members have dietary restrictions or allergies? Yes
 No

If yes, please provide additional information: _____

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 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? Yes

No

Do you need assistance with medical or healthcare-related resources? Yes

No

Are you currently receiving any medical or healthcare assistance? Yes

No

Do you need help accessing healthcare services or related resources? Yes

No

Are there any specific health concerns you would like to address? Yes

No

If yes, please provide additional information: _____

Do you need assistance with addressing specific health concerns? Yes

No

Section 6: Emergency Needs

Do you need **immediate emergency assistance**? Yes

No

If yes, please provide additional information: _____

Have you experienced a recent emergency? Yes

No

If yes, please provide additional information: _____

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
 No

Do you have any transportation challenges? Yes
 No

Do you need transportation assistance? Yes
 No

Are there any specific literacy needs in your household? Yes
 No

Is English your primary language, or do you need assistance with language translation or learning English? Yes
 No

Are you interested in job training or education programs? Yes
 No

Are you seeking childcare assistance? Yes
 No

Are you looking for legal or financial counseling services? Yes
 No

Are you seeking mental health or counseling resources? Yes
 No

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