



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

English Version

New Pantry Member Registration

Please fill out the form legibly and in English letters. If you need assistance, please inform a volunteer.

1. First Name:	Last Name:	2. Date of Birth (month/day/year): / /
3. How many people are in your household?	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 you are experiencing homelessness
6. Phone Number (including the area code): () -		<input type="checkbox"/> Check box to receive text updates from BFN (Standard messaging rates apply)
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/Caucasian <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Chinese <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Native American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Filipino <input type="checkbox"/> Southeast Asian <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other race/ethnicities: _____		
8. What is your preferred language? <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"/> Amharic <input type="radio"/> Farsi <input type="radio"/> Hindi <input type="radio"/> Korean <input type="radio"/> Portuguese <input type="radio"/> French <input type="radio"/> Punjabi <input type="radio"/> Nepali <input type="radio"/> Arabic <input type="radio"/> Other language: _____		
9. Does anyone in your household receive CalFresh/Snap EBT? <input type="radio"/> Yes <input type="radio"/> No		
10. If not, would you like to be prescreened for CalFresh/Snap EBT? <input type="radio"/> Yes <input type="radio"/> No		
11. How did you hear about Berkeley Food Network? (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"/> Social Services Referral <input type="radio"/> Other: _____		
12. Do any of these social categories apply to you? (select all that apply) <input type="checkbox"/> Current College Student <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled <input type="checkbox"/> Formerly Incarcerated <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> None		
13. Do you or anyone in your household live, work, or attend school in Berkeley? (check all that apply) <input type="checkbox"/> Live <input type="checkbox"/> Work <input type="checkbox"/> Study		
14. Berkeley Food Network allows each family to come to the 9th Street Pantry (1925 Ninth Street, Berkeley) once a week. What day of the week do you plan to come to the 9th Street Pantry? <input type="radio"/> Tuesday <input type="radio"/> Thursday		

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 _____