

Link 2 Feed Registration

Gleaners Community Food Bank, Forgotten Harvest and our network of community partners are switching to an online registration platform called Link2Feed. Save time and ensure social distancing by registering your household online.



If you already have a profile in Link2Feed or you have a green Client Service Card, you **do not** need to register. Once you complete this process, you will receive your Client ID# and/or Card.

Two easy ways to register:

1. Scan the QR code with your phone (simply open the camera on your phone and hold the focus box over the QR code. A link will pop up on your phone that you can click to open the webpage).
 - a. Once you complete the online registration, write down the Client ID# below you are given or take a screenshot of the confirmation page.
 - b. Client ID#: _____
2. Complete the form below and return to distribution representative.
3. If there is a question you do not wish to answer, select "Undisclosed" as the answer. Selecting undisclosed will not limit your services.
4. All information you provide is confidential and will not affect any benefits you may already be receiving from government assistance programs. Only authorized users within the Gleaners Community Food Bank and Forgotten Harvest food security network will have access to your information.



Registration Form: Information with an asterisk (*) is required

*Your First Name: _____ *Your Last Name: _____

*Address: _____

*City: _____ State: _____ Zip: _____

*Your Birthdate: _____ Your Gender: _____ Your Race/Ethnicity: _____

Email Address: _____ Phone: _____

Household Dietary Considerations (Check all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> Celiac Disease | <input type="checkbox"/> Halal | <input type="checkbox"/> Peanut Allergy/Sensitivity |
| <input type="checkbox"/> Cinnamon Allergy / Sensitivity | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Seafood Allergy / Sensitivity |
| <input type="checkbox"/> Citrus Allergy / Sensitivity | <input type="checkbox"/> High Blood Pressure/Hypertension | <input type="checkbox"/> Sulfite Sensitivity |
| <input type="checkbox"/> Dairy Allergy / Sensitivity | <input type="checkbox"/> Kosher | <input type="checkbox"/> Tomato Allergy / Sensitivity |
| <input type="checkbox"/> Dental Concerns | <input type="checkbox"/> Low Blood Pressure | <input type="checkbox"/> Tree Nut Allergy / Sensitivity |
| <input type="checkbox"/> Diabetic | <input type="checkbox"/> Low Sodium | <input type="checkbox"/> Vegan |
| <input type="checkbox"/> Egg Allergy / Sensitivity | <input type="checkbox"/> No/Limited Cooking Equipment | <input type="checkbox"/> Vegetarian |
| <input type="checkbox"/> Gluten Allergy / Sensitivity | <input type="checkbox"/> No Refrigeration | <input type="checkbox"/> Other (Specify) |

Please complete information for other household members on the back of this form:

One registration is needed per household. If you are picking up for a different household, you will need to complete or have them complete an additional registration form. Only list below those living in the same home as you.

	First and Last Name:	Birthdate:	Gender:	Race/Ethnicity:	Relationship to You: (spouse, child, parent, roommate, etc.)
1.)					
2.)					
3.)					
4.)					
5.)					
6.)					
7.)					
8.)					
9.)					
10.)					
11.)					
12.)					

If you have additional members in your home, please include their information on additional paper.