

Link2Feed Self Registration



Forgotten Harvest, Gleaners Community Food Bank and their network of community partners are switching to an online platform called Link2Feed Once you have registered online, you won't have to again.

If you have registered previously or you already have a Client Service Card, you **DO NOT** need to register again.



How to Register:

Go online and fill out the info to get your Client ID number
foodbankhelp.link2feed.com

Client ID # _____

OR

Fill out the information below!
(ex: "Emergency Food, Low Income")

*Eligibility Reason _____

*Your First Name _____ *Your Last Name _____

*Address _____

*City _____ State _____ Zip Code _____

Your Birthdate _____ Your Gender _____ Your Race/Ethnicity _____

Email _____ Phone Number _____

Other Household Members *(must provide count of household members):*

Name	Birthdate	Gender F=Female M=Male T=Transgender U=Undisclosed	Race/Ethnicity	Relationship to You (spouse, parent, child, roommate, etc.)

**Required information for participation in USDA Food Program; all other information is optional, except birthdate needed for Client Service Card.*

This Institution is an Equal Opportunity Provider.



Other Household Members (*continued*):

Name	Birthdate	Gender F=Female M=Male T=Transgender U=Undisclosed	Race/Ethnicity	Relationship to You (spouse, parent, child, roommate, etc.)

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) |