

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.

How to Register:

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

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



Client ID # _____

OR

Fill out the information below!

*Reason for Visit Circle one: Need Food Income Program

*Your First Name _____ *Your Last Name _____

*Address _____

*City _____ State _____ Zip Code _____

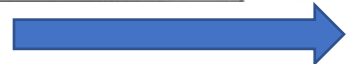
*Your Birthdate _____ Your Gender _____ Your Race/Ethnicity _____

Email _____ Phone Number _____

Other Household Members (if applicable):

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

Additional Household members on the back



Dietary Considerations

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Celiac Disease | <input type="checkbox"/> Egg Allergy / Sensitivity | <input type="checkbox"/> Low Blood Pressure | <input type="checkbox"/> Sulfite Sensitivity |
| <input type="checkbox"/> Cinnamon Allergy / Sensitivity | <input type="checkbox"/> Gluten Allergy / Sensitivity | <input type="checkbox"/> Low Sodium | <input type="checkbox"/> Tomato Allergy / Sensitivity |
| <input type="checkbox"/> Citrus Allergy / Sensitivity | <input type="checkbox"/> Halal | <input type="checkbox"/> No / Limited Cooking Equipment | <input type="checkbox"/> Tree Nut Allergy / Sensitivity |
| <input type="checkbox"/> Dairy Allergy / Sensitivity | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> No Refrigeration | <input type="checkbox"/> Vegan |
| <input type="checkbox"/> Dental Concerns | <input type="checkbox"/> High Blood Pressure/Hypertension | <input type="checkbox"/> Peanut Allergy / Sensitivity | <input type="checkbox"/> Vegetarian |
| <input type="checkbox"/> Diabetic | <input type="checkbox"/> Kosher | <input type="checkbox"/> Seafood Allergy / Sensitivity | <input type="checkbox"/> Other (Specify) |
| <input type="checkbox"/> Didn't Ask | | | |
| <input type="checkbox"/> Don't Know | | | |
| <input type="checkbox"/> Prefer Not to Answer | | | |

*Required information for the participation in USDA Food Program; all other information is optional, *except birthday needed for Client Service Card*. Revised October 2022

This institution is an Equal Opportunity Provider.

Additional members in your household:

Additional Person NAME	Birthdate	Gender Female/Male/ T=transgender	Race/ Ethnicity	Relationship to you (spouse, child, roommate, grandparent...)

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This institution is an Equal Opportunity Provider.