



Park-it Market – Household Registration Form
(Registration form must be complete)



Primary Shopper

Last Name: _____ First Name: _____
Date of Birth: _____ Gender: _____ Marital Status: _____
Street Address: _____ City: _____ Zip Code: _____

Type of Housing (circle one)

Emergency/mission/transitional, Evacuee, Own home, Private rental, Public (social) housing, Living with family or friends, Youth home/shelter, Undisclosed, Unhoused, Other

Email Address: _____ Phone Number: _____ Language: _____

How did you hear about us? (circle all that apply)

- 2-1-1
• Client/Friend/Family
• Clinic/doctor's office/hospital
• Convenience Store
• Family Resource Center/Community Center/Senior Center
• Grocery Store
• Internet Search
• Laundromat
• Library
• News/Media
• My/my child's school or college
• OCFoodhelp.org website
• Other food distribution location
• Other: _____
• Other services this location offers
• Rehab center
• Received a letter or postcard in the mail
• Resource/Health Fair
• Second Harvest website
• WIC office

Race/Ethnicity for Primary Shopper (circle answer)

White, Black/African American, Hispanic/Latino, American Indian/Native American, Asian, Alaska Native/Aleut/Eskimo, Middle-eastern/North-African, None, Undisclosed, Pacific Islander, Other

Self-Identifies as: (circle any that apply)

College student, Disabled, Foster youth (current or former), LGBTQ+, Multi-generational household, None, Other: _____, Pregnant, Refugee, Undisclosed, Veteran

Do you participate in any of these programs?

CalFresh (food stamps), Free or Reduced School Meals, Medi-Cal, Medicare, Senior Lunch Program, WIC, Utility discounts

Household Members (not including primary shopper)

- 1. Name: _____ Date of Birth: _____ Gender: _____
Relation to primary shopper: _____ Ethnicity: _____ Self-Identifies As: _____
Primary Income Type: _____ Program Participation: _____
2. Name: _____ Date of Birth: _____ Gender: _____
Relation to primary shopper: _____ Ethnicity: _____ Self-Identifies As: _____
Primary Income Type: _____ Program Participation: _____
3. Name: _____ Date of Birth: _____ Gender: _____
Relation to primary shopper: _____ Ethnicity: _____ Self-Identifies As: _____
Primary Income Type: _____ Program Participation: _____
4. Name: _____ Date of Birth: _____ Gender: _____
Relation to primary shopper: _____ Ethnicity: _____ Self-Identifies As: _____
Primary Income Type: _____ Program Participation: _____



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Please circle all that apply for each category below:

Highest Education Level Completed (for Primary Shopper):

Grade 0-8, Grades 9-11, High School Diploma, GED, Some college, Trade school/Professional Accreditation, Associate degree, Bachelor’s Degree, Master’s Degree, Doctoral or Professional Degree, Undisclosed
Country of education? _____

Employment Type (for Primary Shopper):

Post-Secondary Student, Full-Time, Part-Time, None, Undisclosed, Other, Retired

Primary Income Type:

Student Loan, Scholarships, Child Support, Disability Insurance, Employed Full-Time, Employed Part-Time, Financial Aid, No Income, Other Income, Retirement Pension, Self-Employed, Social Security, Supplemental Security income (SSI), Support from Family, Undisclosed

Health Considerations (for any household members):

Diabetes, High Blood Pressure, Heart Disease, Cancer (current or in remission), Lung Disease (asthma, chronic bronchitis, or emphysema)

Allergies (for any household members):

Egg, Fish, Milk, No Known Allergies, Other, Peanut, Shellfish, Soybean, Tree Nuts, Wheat

What schools do your children/grandchildren attend? _____

I, _____, understand and agree to the above information being securely stored by Second Harvest Food Bank of Orange County at their office in Irvine. I understand that the above information will be used to create a client profile in SHFBOC’s secure database (Link2Feed) and only SHFBOC and approved individuals will have access to my information. SHFBOC will not share or sell any of my above information to third parties. I understand that my information will only be used so SHFBOC can run simple reports to count the number of people they helped serve at their partner and program locations. I understand that my name will never be directly linked to such a report. Lastly, I grant SHFBOC permission to contact me via text/call/email (**circle preferred**) to follow-up on any of the information I provided on this document.

Signature: _____ Date: _____

Office use only

Entered by: _____ Date: _____



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Household Members (not including primary shopper)

5. Name: _____ Date of Birth: _____ Gender: _____
Relation to primary shopper: _____ Ethnicity: _____ Self-Identifies As: _____
Primary Income Type: _____ Program Participation: _____
6. Name: _____ Date of Birth: _____ Gender: _____
Relation to primary shopper: _____ Ethnicity: _____ Self-Identifies As: _____
Primary Income Type: _____ Program Participation: _____
7. Name: _____ Date of Birth: _____ Gender: _____
Relation to primary shopper: _____ Ethnicity: _____ Self-Identifies As: _____
Primary Income Type: _____ Program Participation: _____
8. Name: _____ Date of Birth: _____ Gender: _____
Relation to primary shopper: _____ Ethnicity: _____ Self-Identifies As: _____
Primary Income Type: _____ Program Participation: _____
9. Name: _____ Date of Birth: _____ Gender: _____
Relation to primary shopper: _____ Ethnicity: _____ Self-Identifies As: _____
Primary Income Type: _____ Program Participation: _____
10. Name: _____ Date of Birth: _____ Gender: _____
Relation to primary shopper: _____ Ethnicity: _____ Self-Identifies As: _____
Primary Income Type: _____ Program Participation: _____