



Mercado El Sol 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 housing, evacuee, home owner, apartment rental, low-income housing, living with family or friends, youth home/shelter, undisclosed, unhoused, other

Email: _____ Phone Number: _____ Language: _____

How did you hear about us?

- 2-1-1
- At a food distribution
- Clinic, doctor or WIC office
- Convenience/Grocery Store
- Community or Senior Center
- Friend, family, peer
- From school or college
- Got a letter/postcard in the mail
- Internet search
- News/Media (social and other)
- Other: _____
- Other programs this site offers
- Resource or Health Fair

Race/Ethnicity for Primary Shopper

- 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: *optional

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

Do you participate in any programs?

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



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Other Household Members (do not include primary shopper)

*If no other household members, skip to page 3

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: _____

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: _____



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Please circle all that apply for each category below:

Employment Type (for primary shopper):

- Full-Time
- Part-Time
- None
- Undisclosed
- Other
- Retired

Primary Income Type (for primary shopper):

- 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
- Support from Family
- Supplemental Security income (SSI)
- Undisclosed

Health Considerations (for any household members):

*optional

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

Allergies (for any household members):

*optional

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

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: _____

- | | |
|---|--|
| <input type="checkbox"/> ID | <input type="checkbox"/> Appointment made for: _____ |
| <input type="checkbox"/> Code of Conduct distribution | <input type="checkbox"/> Missing information: _____ |
| <input type="checkbox"/> Volunteer Opportunities | <input type="checkbox"/> Followed up on: _____ |
| | <input type="checkbox"/> Completed on/by: _____ |