**Client Intake Form**

Please complete **ALL** questions and return to UPBC Food Distribution Team at next distribution.

**Identification – Please Print Clearly**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial: \_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you the head of your household? (Circle one) Yes No

Address (street, apartment number, city, state, ZIP):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In which county do you live? (Check one)

* Carter
* Unicoi
* Washington
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Income Sources – List Income for All Living at Same Address**

|  |  |  |
| --- | --- | --- |
| **Type** | **Amount** | **Interval (monthly, yearly, etc.)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Household Members – All persons living at same address**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full Name** | **Date of Birth** | **Gender** | **Race or Ethnicity** | **Relationship to you** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Demographics**

**Gender** (Check one)

* Female
* Male
* Transgender
* Do not identify as female, male, or transgender

**Marital Status** (Check one)

* Single
* Married/domestic partnership
* Divorced
* Widowed

**Race/Ethnicity** (Check all that apply)

* White
* Hispanic, Latino, or Spanish
* Black or African American
* Asian
* American Indian or Alaska Native
* Middle Eastern or North African
* Native Hawaiian or another Pacific Islander
* Other race or ethnicity

**Education** (Check one)

* Less than high school
* High school diploma/GED
* Some college
* Associates degree
* Bachelor’s degree
* Master’s degree
* Doctorate degree
* Vocational training

**Employment** (Check all that apply)

* Part-time
* Full-time
* Multiple jobs
* Unemployed
* Student
* Retired
* Unable to work

**Government Benefits Received**

(Check all that apply)

* Medicaid
* Medicare
* SNAP/food stamps
* Social Security
* Veterans Benefits
* WIC
* Families First
* LIHEAP

**Housing** (Check one)

* House/apartment/condo
* Hotel/motel
* Shelter/mission
* Homeless
* At risk of becoming homeless
* Public housing
* Other (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* SSI/SSDI/Disability
* Other (Please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you a veteran?**

* Yes
* No

**Are you disabled?**

* Yes
* No

**Household Health -Not RequiredInformation**

(Health conditions in your household )

(Check all that apply)

* Diabetes
* Heart disease
* High blood pressure
* Cancer
* Asthma
* Lung disease

(COPD, emphysema, black lung)

Does your household have health insurance?

* Yes
* No
* Prefer not to say

Does anyone in your household use tobacco, including e-cigarettes?

* Yes
* No
* Prefer not to say

Does anyone in your household use prescription drugs?

* Yes
* No
* Prefer not to say

Can your household members afford the prescriptions you need?

* Yes
* No
* Prefer not to say

Do your household members need to halve doses or use other methods to make your prescriptions last longer?

* Yes
* No
* Prefer not to say

Do your household members currently have a primary care provider?

* Yes
* No
* Prefer not to say

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature Date

**By signing this application, I certify that the information I have provided is true and correct, and that no other member has applied for and received USDA food. I understand that misrepresentation of need or sale or exchange of USDA foods is prohibited and could result in fines, imprisonment, or both.**

**UPBC Food Distribution Team Member Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_Picture ID (Driver’s License, ID Only, etc)**

**\_\_\_\_\_\_\_\_Proof of Residence (Mail with current name and address)**

**\_\_\_\_\_\_\_\_\_Proof of Income (Award Letter, Paystub or Sign above Declaring No Income)**