

# Client Intake Form

Name\* \_\_\_\_\_ Date of Birth or Age\* \_\_\_\_\_  
First Middle Last Suffix

Address\* \_\_\_\_\_ Apartment/Lot \_\_\_\_\_

City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip\* \_\_\_\_\_ County \_\_\_\_\_  No fixed address

Email \_\_\_\_\_  Ok to contact

Phone\* \_\_\_\_\_  Ok to contact  No Phone

## Members in household\*

<u>First</u>	<u>Middle</u>	<u>Last</u>	<u>Age or DOB</u>	<u>Gender</u>	<u>Race</u>

## Is anyone in your household currently receiving SNAP or Food Stamps\*?

Yes  No  Prefer not to answer

## Other Government Programs\* (Check all that apply):

- Families First  Women infants and children (WIC)
- Supplemental Security Income  Social Security Disability Insurance (SSDI) or Disability Payments
- Medicare  Medicaid
- Free/reduced price school meals  Low Income Home Energy Assistance Program (LIHEAP)
- Social Security  Unemployment
- Veteran's Assistance  Don't know / Prefer not to answer
- None  Public housing

## Income (fill out only one)\*:

Weekly: \_\_\_\_\_ Monthly: \_\_\_\_\_ Yearly: \_\_\_\_\_

*I certify that I have willingly shared the information above, meet the monthly income guidelines, and/or am in need of food assistance.*

Signature\* \_\_\_\_\_

**Required Head-of-Household Info:**

**Gender\*:**  Male  Female  Transgender  Transgender  
 Non-binary  Gender non-conforming  None of these  
 Don't know / Prefer not to answer

**Race\*:**  White  Hispanic, Latino, or Spanish  Black or African American  Asian  
 American Indian or Alaska Native  Middle Eastern or North African  
 Native Hawaiian or Other Pacific Islander  Some other race or ethnicity  
 Don't know / Prefer not to answer

**Staff Only:**

Services Provided: \_\_\_\_\_

Additional Notes:

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