

FORM B: CLIENT INTAKE FORM

This form can be used for new clients and/or existing ones, and can be used to help fill out Statistics.

Date of Intake _____

CLIENT INFORMATION

Name _____

Address _____

City, State, Zip Code _____

Phone Number _____

RACE/ETHNICITY

African American		Hispanic	
Caribbean		Native American	
Caucasian		Other	

HOUSEHOLD INFORMATION

1. How many people are in your household? _____

2. Have you experienced home foreclosure? Yes ___ No ___

Of the people in your household, how many people are:

FEMALE		MALE	
Age 0-5		Age 0-5	
Age 6-18		Age 6-18	
Age 19-40		Age 19-40	
Age 41-59		Age 41-59	
Age 60+		Age 60+	

Unemployed		Have Multiple Jobs	
Physically disabled		Mentally Disabled	
Chronically Ill		Veteran/Military	

Does your family receive any of the following:

SNAP		SSI	
TANF		Medicaid	
WIC		Other	

This information is not required by the USDA, nor is it required for clients to provide this information. At no time should the distribution of food be based on whether or not a person is willing to provide this information, or based on the answers given.

HOUSING

Own	
Rent	
Shelter	
Homeless	
Friends/Family	
Hotel	

EDUCATION

Some high school	
Diploma/GED	
Some college	
Associates	
Bachelor's	
Master's	
Doctorate	
Vocational	

Total household gross income:

(Before deductions) \$ _____

Year ___ Month ___ Week ___

By signing this document, I confirm that I am an authorized member of this household and the information is correct to the best of my knowledge.

Signature _____ Date _____