

New Client Intake Form

Name _____

Date Of Birth _____

Gender _____

Marital Status _____

Address _____

Identifies As: Disabled _____ Veteran _____

Housing Type : Own ____ Private Rental ____ With Family/Friends ____

Unhoused/Shelter/Hotel ____

Referred By: Word of Mouth ____ Church/Non-Profit ____ Online ____ School ____

Social Services ____

House Hold Members:

Name _____

Relationship _____ Gender _____ Date of Birth _____

Disabled ____ Veteran ____

Name _____

Relationship _____ Gender _____ Date of Birth _____

Disabled ____ Veteran ____

Name _____

Relationship _____ Gender _____ Date of Birth _____

Disabled ____ Veteran ____

Name _____

Relationship _____ Gender _____ Date of Birth _____

Name _____

Relationship _____ Gender _____ Date of Birth _____

Disabled ____ Veteran ____

Household Social Programs (SNAP, EBT, Food Stamps): Yes____ No____

Other Household Benefits:

- Food Distribution Program on Indian Reservation____
- Free/Reduced Lunch____
- Low-Income Subsidy (LIS)____
- Medicaid____ Medicare Savings Program (MSP)____
- Supplement Security Income (SSI)____ TANF____ WIC____

Average Total Household Income per month or per week_____

Proxy For Distribution Pickup_____
