

**Intake Form (Please Print Legibly)**

In order to better help you and your family please take a few minutes to complete this form. These questions help us get to know you and how we can better help you. If you have any questions or concerns, please do not hesitate to ask one of our staff volunteers. Thank you!

(No inglés - Por favor, pídale a alguien que traduzca para ayudarle a completar este formulario)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: Male / Female

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Apt # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list the names, birthdates, genders, of all the people living in your household:

Full Name of ALL members- Please don’t include yourself Date of Birth Gender Ethnicity/Race

1. What is your household’s total monthly income? (Include income from all members of the household and all types of income: wages, social security, disability, etc.): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per month.
2. Source of income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Within the past 12 months have you worried that your food would run out before you got money to buy more? Yes No
4. Within the past 12 months did the food that you bought just not last and you didn’t have money to get more? Yes No
5. Have you ever applied for SNAP (Food Stamps) benefits? Yes No
6. If you have ever applied for Food Stamps, are you currently receiving benefits? Yes No
7. Are you a Military Veteran or active Military? Yes No
8. Do you or anyone in your household receive food assistance from any of these programs?

**(I Receive: Check all that apply)** \_\_\_\_\_\_\_WIC (Women’s, Infant’s & Children’s Program

\_\_\_\_\_\_\_CSFP (Commodity Supplemental Food Program \_\_\_\_\_\_\_ School Breakfast

\_\_\_\_\_\_\_(Senior Food Box) \_\_\_\_\_\_\_Lunch Summer Meal Program

\_\_\_\_\_\_\_Other Food Pantries \_\_\_\_\_\_\_Soup Kitchen

**Initial:** \_\_\_\_\_\_\_\_\_\_\_\_ “I understand that my individual basic, identifying and non-confidential service transactions/information will not be shared with the public, but used to track usage of services.

**Initial:** \_\_\_\_\_\_\_\_\_\_\_\_ “I understand that this food is rescued and should be refrigerated”

**Initial:** \_\_\_\_\_\_\_\_\_\_\_\_ “I understand that because this food is rescued, there may be some food items that should be thrown out and not consumed. (EXAMPLE: A bad lemon in a lemon bag)”

**Initial:** \_\_\_\_\_\_\_\_\_\_\_\_ “I understand that I must wash all of my fruits and vegetables before consuming”

**Initial:** \_\_\_\_\_\_\_\_\_\_\_\_ “I understand that raw meats must be refrigerated, or kept frozen, and I must use good judgment while thawing, cooking, and consuming.”

**Initial:** \_\_\_\_\_\_\_\_\_\_\_\_ “I understand that children must be kept with you while shopping.”

**Initial**: \_\_\_\_\_\_\_\_\_\_\_\_ “I understand that I must clean up anything that I drop or spill; and unused bags are not to be left inside of any of the food boxes.”

**Initial:** \_\_\_\_\_\_\_\_\_\_\_\_ “I understand that I must sign in, and show ID each visit.”

**Initial:** \_\_\_\_\_\_\_\_\_\_\_\_ “I understand that Loaves & Fishes is a religious organization and I may be given religious material.”

**Initial:** \_\_\_\_\_\_\_\_\_\_\_\_ “I understand that arguing with volunteers or others in line will result in the following: 1st offense – refusal of groceries for that visit / 2nd offense – refusal of groceries for 3 visits / 3rd offense – refusal of groceries for 6 visits / 4th offense – refusal of groceries for 1 year.

**Initial:** \_\_\_\_\_\_\_\_\_\_\_\_ “I understand that I may get groceries for my household ONLY, not for anyone else, and those that are physically unable to come into the refrigerator truck (must show proof), will be served first (groceries will be picked out for those that are handicapped).

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_