

2022-2023 Basic Intake Form

Welcome! Please tell us a bit about yourself so we can offer services that best meet your needs. We ask for demographic information to meet requirements from our funders. All your personal information is confidential. Please see the attached FAQs for more information and guidance on filling out this form.

Intake Date: _____

Contact & Demographic Information:

First Name: _____ **Middle Name:** _____

Last Name: _____ **Nickname:** _____

Date of Birth: _____ **Age:** _____

Home Address: _____

(Apt/Floor #): _____ **City:** _____

Zip: _____ **County:** _____ **State:** _____

Mailing Address (if different from above): _____

(Apt/Floor #): _____ **City:** _____

Zip: _____ **County:** _____ **State:** _____

Home Phone: _____ **Cell Phone:** _____

Email: _____

Location Comments (additional directions for home or mailing address):

Gender: Male Female Non-Binary/Third Gender

Identify as: Transgender Cisgender (identify with your gender from birth)

Gender not listed: _____

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race, select all that apply:

American Indian or Alaska Native

Middle Eastern or North African

Asian or Asian American

Native Hawaiian or Pacific Islander

Black or African American

White

Race not listed: _____

Do you live: Alone With Others

Number of people in your household (including you): _____

Is your income above or below the amount listed for your household size:

Above At/Below

Household Size	Monthly Income	Annual Income
1	\$1,215	\$14,580
2	\$1,643	\$19,720
3	\$2,072	\$24,860
For each additional person, add \$5,140 to annual income		

Communication & Service Needs:

Health Insurance (select all that apply):

Medicare Medicare Advantage Medicaid Medicaid Waiver

None Other: _____

Are you interested in learning about nutrition and a healthy diet? Yes No

Would you like to hear about other services? Yes No

If yes, how can we contact you? Email Mail Phone

What services are you interested in? _____

Emergency Contact:

Name: _____

Phone: _____

Relationship: _____

Disclosures and Waivers

I have been informed of the policies regarding voluntary contributions, complaint procedures and appeal rights. I am aware that in order to receive requested services, it may be necessary to share information with other departments or service provider and I herewith give my consent to do so.

Signature: _____

Date: _____

For Office Use Only –

(If filled out by assessor or via phone, please have assessor check here and sign below)

Filled Out By: _____

Date: _____