



Date of Intake \_\_\_\_\_

### Client Intake Form

Name of Client \_\_\_\_\_

Birth Date \_\_\_\_\_

Gender  Male  Female

Veteran Yes or No

Address \_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_ County \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Contact Person/ Relationship & Phone # \_\_\_\_\_

Diagnosis/Treatment Facility /Doctor \_\_\_\_\_

Special dietary requirements \_\_\_\_\_

Any special delivery instructions? \_\_\_\_\_

#### Income Bracket

< \$10,000  \$10,000-\$25,000  \$25,000-\$45,000  \$45,000-\$60,000

\$60,000-\$75,000  \$75,000-\$100,000  > \$100,000  Do Not Know

Please  all that apply.  Disabled  Unemployed  No Caregiver  Single Parent

Race/Ethnicity  Caucasian  African American  Asian  Hispanic  Other

#### Food Insecurity

Please read the three statements below about your access to food . For each statement, please circle how it applies to you/your household in the last 12 months.

1. "We worried about having enough food before were able to buy more."

**often true, sometimes true, or never true**

2. "The food that we bought just didn't last, and we didn't have money to buy more."

**often true, sometimes true, or never true**

3. Because of COVID-19, do you have barriers to accessing a grocery store?

**often true, sometimes true, or never true**

**\*If Question 3 is marked Often True or Sometimes True ,what are the barriers?**

**Please circle all that apply below\***

- Transportation
- Too costly
- Too tired/exhausted
- Doctor's orders
- Fear of exposure to the virus

#### Staff Information

Start \_\_\_\_\_ 10<sup>th</sup> week \_\_\_\_\_ 12<sup>th</sup> \_\_\_\_\_ 24<sup>th</sup> \_\_\_\_\_ Servings \_\_\_\_\_ Verbal Agreement