



Date of Intake _____

Client Intake Form

Name of Client _____

Birth Date _____

Gender Male Female Nonbinary

Veteran Yes or No

Address _____ City _____ Zip code _____ County _____

Email Address _____ Cell Phone _____

How did you hear about us? _____

Other Contact Person/ Relationship & Phone # _____

Diagnosis/Treatment Facility /Doctor _____

Special dietary requirements _____

Any special delivery instructions? _____

Number of servings needed (how many people would like to receive the meals) _____

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

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 _____ 10th week _____ 12th _____ 24th _____ Servings _____ Age 0-12 ___ Age 13-18 ___

Verbal Agreement

3/16/21