

**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have questions about nutrition?** [ ] Yes [ ] No

**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*   *8/16/21*