

NAPA BROWN BAG PROGRAM

Client Intake Form

Date of Service: _____

Staff Member: _____

Section I: Applicant Information

Applicant's Name (Last, First, Middle)		Birthdate
Street Address		
Zip Code	City	Phone
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Ethnicity (one block must be checked) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Race (Please check all blocks that apply) <input type="checkbox"/> African American <input type="checkbox"/> White <input type="checkbox"/> Other
Education (Please check only one block) <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 non-graduate <input type="checkbox"/> High School graduate or GED <input type="checkbox"/> 12+ some post secondary <input type="checkbox"/> 2 or 4 year college graduate		Health/Health Insurance (Please check all blocks that apply) <input type="checkbox"/> No – Has no health insurance <input type="checkbox"/> Yes – Has health insurance <input type="checkbox"/> Disabled

Section II: Applicant's Family Information

Family Status (Please check one block only) <input type="checkbox"/> Single parent/female <input type="checkbox"/> Single parent/male <input type="checkbox"/> Two-parent household <input type="checkbox"/> Single person <input type="checkbox"/> Two adults-no children <input type="checkbox"/> Other		
Family Size (Please check one block only) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 or more	Total Family Income Per Month \$	
Income Source (Please check all blocks that apply) <input type="checkbox"/> None <input type="checkbox"/> TANF <input type="checkbox"/> SSI <input type="checkbox"/> Social Security <input type="checkbox"/> Pension <input type="checkbox"/> General Assistance <input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> Employment + Other Source <input type="checkbox"/> Employment Only <input type="checkbox"/> Other		
Housing (Please check one block only)	<input type="checkbox"/> Own	<input type="checkbox"/> Rent
	<input type="checkbox"/> Homeless	<input type="checkbox"/> Other
Farm Status (Please check one block only)	<input type="checkbox"/> Farmer	<input type="checkbox"/> Migrant Farmworker
	<input type="checkbox"/> Seasonal Farmworker	<input type="checkbox"/> Not Applicable

OTHERS LIVING IN HOUSEHOLD WITH YOU

Education Level (Please mark only **one** box per person)

Last Name	First Name	Age	Gender	Education Level				
				0-8	9-12 non grad	HS grad/GED	12+ some college	2-4 yr col grad
			<input type="checkbox"/> F <input type="checkbox"/> M					
			<input type="checkbox"/> F <input type="checkbox"/> M					
			<input type="checkbox"/> F <input type="checkbox"/> M					

In order to qualify for the Senior Brown Bag Program, you must be 60 years of age or older and meet the California Department of Social Services income guidelines. You must send proof of monthly/yearly income with your application to NVFB/Brown Bag Program, 1766 Industrial Way, Napa CA 94558 for enrollment.

- A voluntary donation of \$12.00 (twelve dollars) per year is used to defray operating costs. Donations are used for the Napa Senior Brown Bag Program only.
- Food is subject to availability. Quantity, quality, and selection may vary.
- Bags of Food **MUST** be picked up on the distribution day. **They cannot be held or left without someone present.**
- **Please call (707) 253-6128 if you are unable to pick up your bag.**

I certify that the information I have provided on this form is true, complete and correct.

Client Signature: _____

Date: _____

NAPA BROWN BAG PROGRAM

Client Intake Form--Reverse

Section III: Emergency Contact Information

Contact's Name	Address	Phone

Section IV: Remarks

Section V: Delivery

Site	Delivery Driver

Date Application Received: _____ New Return

Amount Paid: \$ _____ Cash Check – Check Number: _____

Section VI: Renewal Dates:

Updated:
