

NAPA FOOD BANK

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	Race (Please check all blocks that apply) <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Multi Race	
Ethnicity (one block must be checked) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		
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

Last Name	First Name	Age	Gender	Education Level (Please mark only one box per person)				
				0-8	9-12 non grad	HS grad/GED	12+ some post sec	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					
			<input type="checkbox"/> F <input type="checkbox"/> M					
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			<input type="checkbox"/> F <input type="checkbox"/> M					
			<input type="checkbox"/> F <input type="checkbox"/> M					
			<input type="checkbox"/> F <input type="checkbox"/> M					

I certify that the information I have provided on this form is, to the best of my knowledge, complete and correct.

Client Signature _____

Date _____

