

# Intake Form

We ask for basic information to better understand who we serve and advocate for the needs of our community. Will we occasionally confirm certain information. Information on Race and Gender is voluntary. Information you provide will not affect your eligibility to receive service.

Full Name\*:

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First Name

Last Name

Date of Birth\*:

/	/	
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Month      Day      Year

Phone:

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check this box if you allow us to contact you at this number

Address:

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Street

City

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State\*

Zip\*

County\*

Gender:  Male  Female  Transgender  Non-binary  Other  Prefer not to answer

Race:  White  Hispanic, Latino, Spanish  Black/African American  Asian

American Indian or Alaska Native  Native Hawaiian or Pacific Islander

Some other race or ethnicity  Don't know/Prefer not to answer

Household: Please complete information for OTHER MEMBERS of your household.

<u>Full Name</u>		<u>Date of Birth</u>			OR	<u>Age</u>	<u>Gender</u>	<u>Race</u>
First	Last	Month	Day	Year				
					OR			
					OR			
					OR			
					OR			
					OR			
					OR			
					OR			

SNAP participation: Is anyone in your household currently receiving SNAP or food stamps?

Yes  No  Don't know/Prefer not to answer

\*Required