

2020 INTAKE FORM

TODAY S DATE:						
HOUSEHOLD ID #						
CSST #						
□ LSO	☐ Staff Assessment					
REF #						

Helping neighbo	rs in need since 1985							REF #		
NAME:						DOB:			Age	
Street Address:						Apt/Uni	t/Lot#:		_	
Zip Code:	City:		ess - Shelter □Homel		Primary Phon	e:		🗖 Mobile	e □ Home □	None
Housing Status:	☐ Homeowner	□Renter □Homel	ess - Shelter □Homel	ess – No Shelt	er 🗆 Institution	☐ Place not m	eant for habita	tion Staying w	ith friends/fa	mily
Total Household	Members inclu	ding yourself?								
Identification Type	Gender	Race	Ethnicity	Receiving Disability Payment	Health Insurance	Preferred Language	Marital Status	Employment Status	Veteran Status	Education
□Federal ID □State ID □Student ID □Health Record □Birth Certificate	☐ Female ☐ Male ☐ Transgender ☐ Prefer not to say	□Alaskan Native/American Indian □Asian □White □Black/African American □Native American/Pacific Islander □ Prefer not to say	□Hispanic/Latino □Not Hispanic/Latino □Prefer not to say	□Yes □ No	No Insurance □Indigent or County □ CHIP □ Employer Provided □ Medicaid □ Medicare □ Private/Dire ct Purchase □ State Ins □ Insured - Unknown □ VA/Tricare	□ English □ Spanish □Other:	□ Divorced □ Married □ Single □ Separated □ Widowed	□ Employed Full Time □ Employed Part Time □ Not Employed □ Retired □ Unable to Work	□ Active Duty □ Not Applicable □ Veteran □ Spouse of veteran	□Not a High School Graduate □High School/GED □ Advanced Degree □ Bachelor's Degree □ Some College or Associates
	<u> </u>							TCI	P USE ONLY	
			OS FOR ALL PEOPLE LIV FOOD PANTRY ONLY,				,	TRIAGE VERFIED ALL (INITIAL)		
COMPLETE THIS APPLICATION AND THE USDA APPLICATION.					INTAKE ENTERED ALL (INITIAL)					
								DATE OF ENTRY:		

TODAY'S DATE:	
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Type Gender Race Ethnicity Paym □Federal ID □ Female □ Alaskan □ Hispanic/Latino □ Yes	bility Health	TRIAGE USE:		dult 🗆 Other Child 🗖	Parent □Spou	ise/Significant
Identification Gender Race Ethnicity Disak Paym □Federal ID □ Female □ Alaskan □ Hispanic/Latino □ Yes	-	•	GUANDIANS			
Type Gender Race Ethnicity Paym □Federal ID □ Female □ Alaskan □ Hispanic/Latino □ Yes	-					
□Federal ID □ Female □Alaskan □Hispanic/Latino □Yes		Preferred Language	Marital Status	Employment Status	Veteran Status	Education
□State ID □ Male □ Native/American □□Not Hispanic/Latino □□ No	☐ No Insurance	☐ English	☐ Divorced	☐ Employed Full	☐ Active	□Not a High
<u> </u>	☐Indigent or	■ Spanish	■ Married	Time	Duty	School
□Student ID □Transgender Indian □Prefer not to say	County	□Other:	☐ Single	☐ Employed Part	□ Not	Graduate
□Health Record □Prefer not to □Asian	☐ CHIP		■ Separated	Time	Applicable	□High
□Birth say □White	☐ Employer		☐ Widowed	☐ Not Employed	☐ Veteran	School/GED
Certificate	Provided			Retired	☐ Spouse of	☐ Advanced
□SNAP Letter American	☐ Medicaid			☐ Unable to Work	veteran	Degree
□Native	☐ Medicare					☐ Bachelor's
American/Pacific Islander	☐Private/Direct Purchase					Degree Some
□ Prefer not to say	□State Ins					College or
Trefer not to say	□Insured -					Associates
	Unknown					7.5500.000
	□VA/Tricare					
Participant Name:		DOB:			_ Age:	
Relationship to Head of Household: □ Adult Child □ Authorized Rep □ Child □ Ext	tended Family Foster	Child Grandcl	nild 🗆 Other Ad	dult 🗆 Other Child 🗖	Parent □Spou	se/Significant
Other	·	TRIAGE USE:	GUARDIANS	HIP VERIFIED 🏻	·	
Identification Gender Race Ethnicity Disab	bility Health	Preferred	Marital	Employment	Veteran	Education
Type Paym	nents Insurance	Language	Status	Status	Status	Luucation
	■ No Insurance	■ English	■ Divorced	■ Employed Full		
				Linployea rail	■ Active	■Not a High
	☐Indigent or	■ Spanish	■ Married	Time	Duty	■Not a High School
		☐ Spanish☐Other:	☐ Married☐ Single			
□State ID □ Male Native/American □Not Hispanic/Latino □ No	☐Indigent or			Time	Duty	School
□ State ID □ Male Native/American □ Not Hispanic/Latino □ No □ Student ID □ Transgender Indian □ Prefer not to say □ Health Record □ Prefer not to □ Asian □ Birth say □ White	☐Indigent or County		☐ Single	Time ☐ Employed Part Time ☐ Not Employed	Duty Not	School Graduate High School/GED
□State ID □ Male Native/American □Not Hispanic/Latino □Not Hispanic/Lat	□Indigent or County □ CHIP □ Employer Provided		☐ Single ☐ Separated	Time ☐ Employed Part Time ☐ Not Employed ☐ Retired	Duty Not Applicable	School Graduate High
□State ID □ Male Native/American □Not Hispanic/Latino □No □Student ID □Transgender □Not Hispanic/Latino □No □Not Hispanic/Latino □Not	□Indigent or County □ CHIP □ Employer Provided □ Medicaid		☐ Single ☐ Separated	Time ☐ Employed Part Time ☐ Not Employed	Duty Not Applicable Veteran	School Graduate □High School/GED □ Advanced Degree
□State ID □Student ID □Transgender □Health Record □Birth Certificate □SNAP Letter □Not Hispanic/Latino □Not Hispa	□Indigent or County □ CHIP □ Employer Provided □ Medicaid □ Medicare	Other:	☐ Single ☐ Separated	Time ☐ Employed Part Time ☐ Not Employed ☐ Retired	Duty Not Applicable Veteran Spouse of	School Graduate High School/GED Advanced Degree Bachelor's
□State ID □Student ID □Health Record □Birth Certificate □SNAP Letter □SNAP Letter □Student ID □Transgender □Indian □Asian □White □Black/African American □Not Hispanic/Latino □Prefer not to say □Prefer not to say □Not Hispanic/Latino □Prefer not to say □Not Hispanic/Latino □Not Hispanic/Latino □Not Hispanic/Latino □Prefer not to say □Not Hispanic/Latino □Not Hispa	□Indigent or County □ CHIP □ Employer Provided □ Medicaid □ Medicare □ Private/Direct	Other:	☐ Single ☐ Separated	Time ☐ Employed Part Time ☐ Not Employed ☐ Retired	Duty Not Applicable Veteran Spouse of	School Graduate High School/GED Advanced Degree Bachelor's Degree
□State ID □Student ID □Health Record □Birth Certificate □SNAP Letter □SNAP Letter □Slamber □Student ID □Transgender □Drefer not to say □Asian □Black/African American □Not Hispanic/Latino □Prefer not to say □Prefer not to say □Asian □White □Black/African American □Native American/Pacific Islander	□Indigent or County □ CHIP □ Employer Provided □ Medicaid □ Medicare □Private/Direct Purchase	Other:	☐ Single ☐ Separated	Time ☐ Employed Part Time ☐ Not Employed ☐ Retired	Duty Not Applicable Veteran Spouse of	School Graduate High School/GED Advanced Degree Bachelor's Degree Some
□State ID □Student ID □Transgender □Health Record □Birth Certificate □SNAP Letter □SNAP Letter □Student ID □Transgender □Mot Hispanic/Latino □Prefer not to say □Prefer not to □Asian □White □Black/African American □Native American/Pacific	□Indigent or County □ CHIP □ Employer Provided □ Medicaid □ Medicare □Private/Direct Purchase □State Ins	Other:	☐ Single ☐ Separated	Time ☐ Employed Part Time ☐ Not Employed ☐ Retired	Duty Not Applicable Veteran Spouse of	School Graduate High School/GED Advanced Degree Bachelor's Degree Some College or
□State ID □Student ID □Transgender □Health Record □Birth Certificate □SNAP Letter □SNAP Letter □Slamber □Student ID □Transgender □Mot Hispanic/Latino □Prefer not to say □Prefer not to say □Black/African American □Native American/Pacific Islander	□Indigent or County □ CHIP □ Employer Provided □ Medicaid □ Medicare □Private/Direct Purchase	Other:	☐ Single ☐ Separated	Time ☐ Employed Part Time ☐ Not Employed ☐ Retired	Duty Not Applicable Veteran Spouse of	School Graduate High School/GED Advanced Degree Bachelor's Degree Some

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ΓODAY'S DATE:	
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HOUSEHOLD INCOME DISCLOSURE			HOUSEHOLD BENEFITS DISCLOSURE				
NO Household Income			NO Household Benefits □				
INCOME SOURCE/PERIOD	AMOUNT EARNED	WHO RECEIVES THIS?	BENEFIT ITEMS/PERIOD	BENEFIT AMOUNT, IF KNOWN	WHO RECEIVES THIS?		
Employment ☐ Monthly ☐ Bi-Weekly ☐ Weekly			SNAP ☐ Monthly ☐ Bi-Weekly ☐ Weekly				
Unemployment ☐ Monthly ☐ Bi-Weekly ☐ Weekly			WIC □ Monthly □ Bi-Weekly □ Weekly	N/A			
Social Security Retirement or Survivors □ Monthly □ Bi-Weekly □ Weekly			TANF □ Monthly □ Bi-Weekly □ Weekly				
Social Security Disability ☐ Monthly ☐ Bi-Weekly ☐ Weekly			SECTION 8 ☐ Monthly ☐ Bi-Weekly ☐ Weekly	N/A			
Short-Term Disability ☐ Monthly ☐ Bi-Weekly ☐ Weekly			PUBLIC HOUSING ☐ Monthly ☐ Bi-Weekly ☐ Weekly	N/A			
Child Support ☐ Monthly ☐ Bi-Weekly ☐ Weekly			WORKER'S COMP ☐ Monthly ☐ Bi-Weekly ☐ Weekly				
Retirement ☐ Monthly ☐ Bi-Weekly ☐ Weekly			DISCLOSURES AND AGREEMENTS <u>INITIAL</u> BY EACH AND SIGN BELOW				
Veterans Benefits ☐ Monthly ☐ Bi-Weekly ☐ Weekly			ALL INFORMATION PROVIDED IS TRUE AND CORRECT. I HAVE READ AND I AGREE TO THE CLIENT AGREEMENT/INFORMED CONSENT. I HAVE READ AND AGREE TO THE HIPAA NOTICE OF PRIVACY PRACTICES. I HAVE READ AND AGREE TO THE CLIENT RIGHTS AND RESPONSIBILITIES. HEAD OF HOUSEHOLD SIGNATURE: TCP REPRESENTATIVE SIGNATURE:				
Part-time/Contract ☐ Monthly ☐ Bi-Weekly ☐ Weekly							
Legal Settlement ☐ Monthly ☐ Bi-Weekly ☐ Weekly							
Friend/Family Contribution ☐ Monthly ☐ Bi-Weekly ☐ Weekly							

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