

CLIENT INTAKE/FORM 300

Date of Intake: _____ NEW ___ REOPEN ___ CURRENT ___

NAME: _____

ADDRESS: _____ APT. _____

CITY: _____ STATE: N.Y. ZIP: _____

PHONE: [] _____ D/O/B: _____ [M] [F]

Disability [YES] [NO]

Referred by: _____

Amount of Household Income: \$ _____ [weekly - monthly - yearly]
(This # is not \$0 but may come in the form of subsidies & not actual cash)

ETHNICITY RACE	SOURCE OF INCOME	HOUSEHOLD TYPE
<input type="checkbox"/> Black not Hispanic	<input type="checkbox"/> Employment	<input type="checkbox"/> Single parent/female
<input type="checkbox"/> White not Hispanic	<input type="checkbox"/> Unemployment	<input type="checkbox"/> Single parent/male
<input type="checkbox"/> Native American	<input type="checkbox"/> Social Security	<input type="checkbox"/> Two parent household
<input type="checkbox"/> Asian	<input type="checkbox"/> AFDC	<input type="checkbox"/> Single person
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Home Relief	<input type="checkbox"/> Other _____
<input type="checkbox"/> Arabic	<input type="checkbox"/> Supplemental Security Income	Number of People in Household: _____
<input type="checkbox"/> Bosnian	<input type="checkbox"/> Disability	
<input type="checkbox"/> Other _____	<input type="checkbox"/> W.I.C.	
	<input type="checkbox"/> Food Stamps	
	<input type="checkbox"/> Other _____	

HOUSEHOLD INFORMATION

Please list everyone in household and the relationship to applicant. [son, daughter, husband, wife, mother, father, etc.]

NAME	D/O/B	RELATIONSHIP

Type of I.D. Given

Driver's Licence		Other: _____
Disability Card		
W.I.C. Card		
Utility Bill		
D.S.S. Card		
Birth Certificate		

Note: Social Security cards are not required to receive food. If a Social Security card is used as a form of identification, the numbers should not be recorded.

Clients should only be enrolled at one pantry.

