

Head of household: \_\_\_\_\_ Is this your first time here? \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

## Big Sky Community Food Bank Client Intake Sheet

Please fill out this form to the best of your ability so we may better accommodate you. Any information listed is used by Big Sky Community Food Bank and HRDC for contact information and to report the need in our community; it is not used to supply information to any other organization. Your answers to these questions do not affect your eligibility for Big Sky Community Food Bank services. Your thoroughness is appreciated!

Address: \_\_\_\_\_ County: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: cell or home (\_\_\_\_) \_\_\_\_\_

<u>Household Members</u> (Please list Head of Household first)		<u>Identification Number</u> i.e. Social Security Number or Driver's License Number	<u>Relationship to Head of Household</u> i.e. -spouse, daughter, brother etc	<u>Gender</u> M/F	<u>Birth date</u> MM/DD/YYYY	<u>Monthly Income</u> \$ amount	<u>Source of Income</u> i.e., SSI, SSDI, Wages, Social Security, School Grants, Child Support, Unemployment	<u>Veteran</u> Y/N
First Name	Last Name							
1.			<b>Self/Head of Household</b>					
2.								
3.								
4.								
5.								

**Other assistance:** How much do you receive from the following: TANF \$\_\_\_\_\_ Food Stamps \$\_\_\_\_\_ WIC \$\_\_\_\_\_  
 Section 8/Rental assistance \$\_\_\_\_\_ Other \$\_\_\_\_\_ Do you receive Sr. Groceries?  Yes  No

**Expenses:** What is the total amount you pay per month for the following?  
 Rent \$\_\_\_\_\_ Mortgage \$\_\_\_\_\_ Daycare \$\_\_\_\_\_ Utilities \$\_\_\_\_\_ Child Support \$\_\_\_\_\_  
 Phone \$\_\_\_\_\_ Medical/Dental \$\_\_\_\_\_ Other (please explain) \$\_\_\_\_\_

**Employment:** Please check the box that best describes your current situation.

<input type="checkbox"/> Currently unemployed and no emp. history	<input type="checkbox"/> Employed full time at min. wage	<b>Do you receive benefits from your employer?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Currently unemployed (less than 8 months)	<input type="checkbox"/> Employed full time above min. wage	
<input type="checkbox"/> Employed part time	<input type="checkbox"/> Retired	

**Medical Insurance:** Please check all that apply for your family.

<input type="checkbox"/> Medicare/Medicaid	<input type="checkbox"/> Healthy Montana Kids	<input type="checkbox"/> Private	<input type="checkbox"/> None	<input type="checkbox"/> I use sliding scale clinics i.e. CHP
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> VA	<input type="checkbox"/> Other

**Housing Status:** Please select the option that best describes your current living situation.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Homeless                               | <input type="checkbox"/> Temporary Shelter, i.e. Haven         | <input type="checkbox"/> Rent Home or Apartment |
| <input type="checkbox"/> Unsafe Housing, i.e. no heat           | <input type="checkbox"/> Unaffordable housing                  | <input type="checkbox"/> Own Condo              |
| <input type="checkbox"/> Living with relative or friends        | <input type="checkbox"/> Transitional housing, i.e. Amos House | <input type="checkbox"/> Own Home               |
| <input type="checkbox"/> Unstable housing, i.e. facing eviction | <input type="checkbox"/> Subsidized housing, i.e. Section 8    |   |
|   | <input type="checkbox"/> Company/Public Housing                |   |

**Education Level:** Please select your highest level of education for Head of Household.

- |  |   |
|--|---|
| <input type="checkbox"/> Kindergarten - 8 <sup>th</sup> grade            | <input type="checkbox"/> Vocational/Certificate training/Some college                       |
| <input type="checkbox"/> 9 <sup>th</sup> - 12 <sup>th</sup> non-graduate | <input type="checkbox"/> Associates or Bachelor's Degree                                    |
| <input type="checkbox"/> GED <input type="checkbox"/> HS Diploma         | <input type="checkbox"/> Master's or Doctorate <input type="checkbox"/> Currently a student |

**Transportation:** Please select the option that best describes your access to transportation.

- I have no transportation options
- I can rarely get a ride
- I have access to transportation (Skyline, Streamline, Friends) but sometimes struggle
- I have most of my transportation needs met
- I do not worry about transportation; my needs are always met

**Childcare:** Please select the option that best describes your childcare situation.

- Childcare provided by someone other than family, friend or licensed childcare provider
- Not enrolled in any childcare
- On waiting list for childcare
- Childcare provided by family/friend
- Enrolled in licensed subsidized childcare of own choice
- I pay full price for licensed childcare
- Not applicable

**Food Security:** Please select the option that best describes your situation.

- No food and/or no refrigeration or way to prepare food. Not currently on public assistance. I struggle daily to find food from free or low-cost sources.
- I rely completely on outside support to supply food (public and community assistance).
- I am able to purchase some food but rely on outside support like SNAP, WIC, Free School Lunch. Food subsidies and my budget meet food needs.
- I may not have ability to purchase "extras" but am able to purchase mostly nutritious food. Sometimes, I need outside support in supplying food.

*The primary reason for this visit to the food bank:*  Housing/Utility Expenses  Unemployed  Low wages  Childcare Costs  Fuel/Transportation Costs  Out of Food Stamps  Medical/Dental Costs  Fixed Income  Student  Other  Off/shoulder season

I understand that all information gathered about me is personal and private and is used solely by Big Sky Community Food Bank, HRDC for contact information and reporting to funding sources. In accordance with Federal law and U.S. Dept. of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. By signing, I certify that all of the information listed on both sides of this form is true and correct.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use only: Intake Signature \_\_\_\_\_ Date \_\_\_\_\_

Notes: \_\_\_\_\_

Form 1.1.2015

Last Visit: \_\_\_\_\_

Entered into CaseWorthy \_\_\_\_\_ over TEFAP \_\_\_\_\_