Gallatin Valley 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 Gallatin Valley 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 Gallatin Valley Food Bank services. Your thoroughness is appreciated!

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<tr>
<th>Address:</th>
<th>County:</th>
<th>City:</th>
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<tbody>
<tr>
<td>State:</td>
<td>Zip Code:</td>
<td>Phone Number: cell or home (___)</td>
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**Household Members** (Please list Head of Household first)

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<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Identification Number</th>
<th>Relationship to Head of Household</th>
<th>Gender</th>
<th>Birth date</th>
<th>Monthly Income</th>
<th>Source of Income</th>
<th>Veteran</th>
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<td></td>
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<td>i.e. Social Security Number or Driver's License Number</td>
<td>i.e. –spouse, daughter, brother etc</td>
<td>M/F</td>
<td>MM/DD/YYYY</td>
<td>$ amount</td>
<td>i.e., SSI, SSDI, Wages, Social Security, School Grants, Child Support, Unemployment</td>
<td>Y/N</td>
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<td>Self/Head of Household</td>
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**Other assistance:** How much do you receive from the following: TANF $ __________ Food Stamps $ ______ WIC $ ______
Section 8/Rental assistance $ ______ 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.
- □ Currently unemployed and no emp. history
- □ Employed full time at min. wage
- □ Employed full time above min. wage □ Yes □ No
- □ Currently unemployed (less than 8 months)
- □ Employed part time
- □ Retired

**Medical Insurance:** Please check all that apply for your family.
- □ None
- □ I use sliding scale clinics i.e. CHP
- □ Medicaid
- □ Medicare
- □ Healthy Montana Kids
- □ Private
- □ VA
- □ Other
**Housing Status:** Please select the option that best describes your current living situation.

- [ ] Homeless
- [ ] Unsafe Housing, i.e. no heat
- [ ] Temporary Shelter, i.e. Haven
- [ ] Unaffordable housing
- [ ] Rent Home or Apartment
- [ ] Transitional housing, i.e. Amos House
- [ ] Own Condo
- [ ] Own Home
- [ ] Living with relative or friends
- [ ] Unstable housing, i.e. facing eviction
- [ ] Subsidized housing, i.e. Section 8

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

- [ ] Kindergarten - 8th grade
- [ ] Vocational/Certificate training/Some college
- [ ] 9th - 12th non-graduate
- [ ] Associates or Bachelor’s Degree
- [ ] GED
- [ ] HS Diploma
- [ ] Master’s or Doctorate
- [ ] 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 (Galavan, 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 (*unlicensed care*)
- [ ] Not enrolled in any childcare
- [ ] On waiting list for childcare
- [ ] Childcare provided by family/friend (by choice)
- [ ] Enrolled in licensed subsidized childcare of own choice
- [ ] Enrolled in non-subsidized (full price) 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

I understand that all information gathered about me is personal and private and is used solely by Gallatin Valley 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 GVFB Visit: __________________________ Entered into CaseWorthy __________ over TEFAP __________________