

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

Headwaters Area 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 Headwaters Area 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 Headwaters 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.			Self/Head of Household					
2.								
3.								
4.								
5.								
6.								
7.								

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.

- | | | |
|--|---|--|
| <input type="checkbox"/> Currently unemployed and no emp. history | <input type="checkbox"/> Employed full time at min. wage | Do you receive benefits from your employer?
<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. 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.

- | | | |
|---|--|---|
| <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 | |

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

- | | |
|--|---|
| <input type="checkbox"/> Kindergarten - 8 th grade | <input type="checkbox"/> Vocational/Certificate training/Some college |
| <input type="checkbox"/> 9 th - 12 th 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 (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
 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

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 HAFB Visit: _____

Entered into CaseWorthy _____ over TEFAP _____