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 (____)________________

<table>
<thead>
<tr>
<th>Household Members (Please list Head of Household first)</th>
<th>Identification Number i.e. Social Security Number or Driver’s License Number</th>
<th>Relationship to Head of Household i.e. spouse, daughter, brother etc</th>
<th>Gender M/F</th>
<th>Birth date MM/DD/YYYY</th>
<th>Monthly Income $ amount</th>
<th>Source of Income i.e., SSI, SSDI, Wages, Social Security, School Grants, Child Support, Unemployment</th>
<th>Veteran Y/N</th>
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<tr>
<td>First Name                     Last Name</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  Do you receive benefits from your employer? □ Yes □ No
□ Currently unemployed (less than 8 months) □ Employed full time above min. wage □ Yes □ No
□ 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
- [ ] Living with relative or friends
- [ ] Transitional housing, i.e. Amos House
- [ ] Unstable housing, i.e. facing eviction
- [ ] Rent Home or Apartment
- [ ] Own Condo
- [ ] Own Home
- [ ] Subsidized housing, i.e. Section 8

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

- [ ] Kindergarten - 8th grade
- [ ] 9th - 12th non-graduate
- [ ] Vocational/Certificate training/Some college
- [ ] 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
- [ ] 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 ________