



### CLIENT SERVICES INTAKE FORM

Please answer all questions so that we may better serve you. This information is for reporting purposes only and is not shared with any other entity.

Today's Date: \_\_\_\_\_

Client First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_

Client Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Client Feedback/Testimonial: May a Feeding South Florida team member contact you to share your experience and feedback?

- Yes
- No

Referred by:  DCF  DOH  Friend/Family  Senior Site  School  Partner Agency  Other \_\_\_\_\_

Are you or any members of your family currently receiving:

- WIC (Women, Infants & Children)
- SNAP (Supplemental Nutrition Assistance Program)
- Medicaid
- SSI (Supplemental Security Income/Disability)
- Florida KIDCARE
- TCA (Temporary Cash Assistance)

Household Income:

\$ \_\_\_\_\_

- Weekly
- Biweekly
- Monthly
- Annually

Housing:

- Rent
- Own
- Shelter/Temporary Housing/Hotel
- Residing with a friend/family member
- Homeless/In need of housing
- HUD/Section 8
- Supported Housing/Carrfour

Employment Status:

- Currently Employed Full-Time
- Currently Employed Part-Time
- Unemployed
- Disabled
- Student
- Retired

Education:

- Some High School
- High School Diploma/GED
- Some College
- Vocational
- Associates
- Bachelors
- Masters
- Doctorate

Health Insurance:

- Household Insured
- Household Uninsured
- Some members of household insured and some Uninsured

**Ethnicity/Race:**

- African American
- American Indian or Alaskan Native
- Asian
- Caribbean
- Caucasian
- Hispanic
- Native Hawaiian or Pacific Islander
- Other: \_\_\_\_\_

**Veteran Status:**

- Active Military
- Veteran (1 or more day of service)
- Disabled Veteran
- Not a Veteran

**Other member(s) of the household:**

First and Last Name	Age	Date of Birth	Relationship