

# Headwaters Area Food Bank Customer Intake Form

MALE First Name MI Last Name Sex (Circle One): FEMALE

Social Security Number OR Drivers License Number & State Birth Date Phone

Address Code City State County Zip

*Are you a student? (Circle One) YES/NO Is this your first visit to the Food Bank (Circle One) YES/NO*

Employer Income / Per Month Unemployed \_\_\_ Retired \_\_\_ Disabled

*Please fill out the following for all persons in your family for whom you are requesting food. (Any persons 18 years or older must come in on their own, unless living as a couple or if still living with parent).*

## Others in household (1)

MALE First Name MI Last Name Sex (Circle One): FEMALE

Social Security Number OR Drivers License Number & State Birth Date

Relation to Client School Attending (if any) Grade

Employer Income / Per Month Unemployed \_\_\_ Retired \_\_\_ Disabled

## Others in household (2)

MALE First Name MI Last Name Sex (Circle One): FEMALE

Social Security Number OR Drivers License Number & State Birth Date

Relation to Client School Attending (if any) Grade

Employer Income / Per Month Unemployed \_\_\_ Retired \_\_\_ Disabled

## Others in household (3)

MALE First Name MI Last Name Sex (Circle One): FEMALE

Social Security Number OR Drivers License Number & State Birth Date

Relation to Client School Attending (if any) Grade

Employer Income / Per Month Unemployed \_\_\_ Retired \_\_\_ Disabled

## Others in household (4)

MALE First Name MI Last Name Sex (Circle One): FEMALE

Social Security Number OR Drivers License Number & State Birth Date

Relation to Client School Attending (if any) Grade

Employer \_\_\_\_\_ Income / Per Month \_\_\_\_\_ Unemployed \_\_\_\_\_ Retired \_\_\_\_\_ Disabled \_\_\_\_\_

PLEASE REQUEST AN ADDITIONAL INTAKE SHEET IF YOU HAVE MORE THAN Five (5) HOUSEHOLD MEMBERS.

*The Headwaters Area Food Bank is sponsored by HRDC and Greater Gallatin United Way.*

What is the total amount you pay per month for the following:

RENT/MORTGAGE \$ \_\_\_\_\_ DAYCARE \$ \_\_\_\_\_ CHILD SUPPORT \$ \_\_\_\_\_  
UTILITIES \$ \_\_\_\_\_ PHONE \$ \_\_\_\_\_ MEDICAL/DENTAL \$ \_\_\_\_\_ OTHER \$ \_\_\_\_\_

Is your rent subsidized (for example: Section 8 Voucher, Public Housing, Etc.)? YES NO

Please fill in the TOTAL dollar amounts that you and/or your family receive monthly in the appropriate spaces provided. If you are applying for, or have applied for assistance, but you don't know the dollar amount, then please check the space.

TANF \$ \_\_\_\_\_ UNEMPLOYMENT \$ \_\_\_\_\_ VA \$ \_\_\_\_\_ SOCIAL SECURITY \$ \_\_\_\_\_  
WORKER'S COMP \$ \_\_\_\_\_ SCHOOL GRANTS \$ \_\_\_\_\_ SSI \$ \_\_\_\_\_  
CHILD SUPPORT \$ \_\_\_\_\_ RETIREMENT/PENSION \$ \_\_\_\_\_ FOOD STAMPS \$ \_\_\_\_\_  
OTHER \$ \_\_\_\_\_

**Do you receive:** WIC YES NO **Have you applied for Food Stamps?** YES NO  
**(Circle One)** CHIP YES NO **Do you need an application?** YES NO

What kind of medical insurance do you have? (Check all that apply)

NONE \_\_\_\_\_ PRIVATE \_\_\_\_\_ MEDICAID \_\_\_\_\_ MEDICARE \_\_\_\_\_ OTHER \_\_\_\_\_

What school year did you complete? (Circle) 1-8 9 10 11 12 (GED)  
COLLEGE 1 2 3 4 MORE

**What situation most influenced your need to use the Headwaters Area Food Bank today? (Please check the most relevant one)**

*Housing/Utility Expenses \_\_\_\_\_ Unemployed \_\_\_\_\_ Low Wages \_\_\_\_\_ Childcare Costs \_\_\_\_\_  
Fuel/Transportation Costs \_\_\_\_\_ Out of Food Stamps \_\_\_\_\_ Medical/Dental Expenses \_\_\_\_\_  
Fixed Income \_\_\_\_\_ Student \_\_\_\_\_ Other \_\_\_\_\_*

**I, \_\_\_\_\_, affirm all information provided by me is true and correct to the best of my knowledge. I also authorize the Food Bank to verify the information provided. I understand that any misstatements found may result in me and those in my household being disqualified from receiving services.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

OFFICE USE ONLY

OFFICE USE ONLY

*Type of Household:* Single Parent \_\_\_\_\_ Two Parent \_\_\_\_\_  
Mixed Adults with Children \_\_\_\_\_ Senior \_\_\_\_\_  
Adults Only \_\_\_\_\_ Extended Family \_\_\_\_\_

*Homelessness Situations:*  
Car \_\_\_\_\_ Campground \_\_\_\_\_  
Homeless \_\_\_\_\_

Hotel \_\_\_\_\_

Staying with Friends \_\_\_\_\_  
Shelter \_\_\_\_\_

INTAKE NOTES:

Intake Signature \_\_\_\_\_

Date