



CLIENT INTAKE PROFILE



Please Write Clearly

DATA GROUP INPUT

TEFAP JULY 2019 ____ (YES)

Answer all questions so that we may serve you better. Your personal identifying information *will not be shared* with any other outside agency or entity other than the Good Shepherd Food Bank. This information will not prevent you from receiving service.

I understand Signature: _____ Today's Date: _____

ABOUT YOU	# in HOUSEHOLD _____												
<p>* Last Name: _____ * First Name: _____</p> <p>* Date of Birth: ____/____/____ (mm/dd/yyyy) Estimated Birthdate? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>* To what gender do you identify? <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Other</p>													
<p>* Address: _____ Address (Line 2): _____</p> <p>* City: _____ * County: _____ * State: _____ * Zip Code: _____</p> <p><input type="checkbox"/> No Fixed Address/Undisclosed</p>													
<p>* Housing Type:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Emergency Shelter / Mission / Transitional</td> <td style="width: 33%;"><input type="checkbox"/> Private Rental</td> <td style="width: 33%;"><input type="checkbox"/> Youth Home/Shelter</td> </tr> <tr> <td><input type="checkbox"/> Evacuee</td> <td><input type="checkbox"/> Public (Social Housing)</td> <td><input type="checkbox"/> Section 8 (Voucher) Housing</td> </tr> <tr> <td><input type="checkbox"/> Own home</td> <td><input type="checkbox"/> With Family/friends</td> <td><input type="checkbox"/> Senior Subsidized Housing</td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td><input type="checkbox"/> Unhoused</td> <td></td> </tr> </table>		<input type="checkbox"/> Emergency Shelter / Mission / Transitional	<input type="checkbox"/> Private Rental	<input type="checkbox"/> Youth Home/Shelter	<input type="checkbox"/> Evacuee	<input type="checkbox"/> Public (Social Housing)	<input type="checkbox"/> Section 8 (Voucher) Housing	<input type="checkbox"/> Own home	<input type="checkbox"/> With Family/friends	<input type="checkbox"/> Senior Subsidized Housing	<input type="checkbox"/> Other	<input type="checkbox"/> Unhoused	
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<p>Email Address: _____</p> <p>Phone Number: _____</p>													
<p>Language(s) Spoken:</p> <p><input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> Arabic <input type="checkbox"/> Other: _____</p>													

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ABOUT YOU - Continued

*** Referred By:**

- Benefits/Social Service Assistance
 Child Care Support
 Client/Friend/Family
 Community Support Organization
 Emergency Shelter
 Employment Support/Education
 Faith – Based Organization
 Financial Support/Education
 Health Care Organization
 Housing Support
 Immigration Services
 Media/News/Outreach
 Legal Support
 Social Worker
 Utilities Support
 Other Food Bank
 Other: _____

*** Ethnicity:**

- White/Anglo
 Asian
 Middle Eastern/North African
 Black/African American
 Hispanic/Latino(a)
 American Indian/Native American
 Other: _____
 Prefer Not to Say

*** Self – Identifies As:**

- Breastfeeding
 Evacuee
 Homeless
 Postpartum
 Pregnant
 Refugee
 Disability
 Veteran
 Other
 Prefer Not to Say

*** Highest Education – Level Completed:**

- Grades 0-8
 Grades 9-11
 High School Diploma
 GED
 Post-Secondary Education (some)
 Trade School/Accreditation
 2 Year Degree
 4 Year Degree
 Master’s Degree
 PhD
 Prefer Not to Say

*** Employment Type:**

- Not Currently employed, Seeking employment
 Post Secondary Student
 Full-Time
 Part-Time
 None, not seeking employment
 Other
 Retired

Please Write Clearly

HOUSEHOLD MONTHLY INCOME & EXPENSES

Household Monthly Income Sources:

	Self	Other household member name
<input type="checkbox"/> Full Time	\$ _____	\$ _____
<input type="checkbox"/> Part Time	\$ _____	\$ _____
<input type="checkbox"/> Social Security	\$ _____	\$ _____
<input type="checkbox"/> Disability	\$ _____	\$ _____
<input type="checkbox"/> Pension	\$ _____	\$ _____
<input type="checkbox"/> No Income		

If people other than the two listed here have income please list in Note below with
 1) person's name,
 2) type of income, and
 3) amount per month.

* Social Services Received by any household member:

Elderly Low Cost Drug Program
 Elderly Tax and Rent Refund
 General Assistance
 LIHEAP
 Medicaid/Mainecare
 Medicare
 School Meals
 SNAP - formerly food stamps
 SSDI (disability)
 SSI (Social Security)
 TANF
 Supplemental Assistance for Women, Infants and Children (WIC)
 Vets Aid

NOTES and Other Household Income

(Include any information you would like us to know.

Example: "Someone in our family cannot eat eggs" or "We are looking for diapers.")

Please Write Clearly

HOUSEHOLD MEMBERS

(Do not include yourself)

* Last Name: _____ * First Name: _____

* Date of Birth: __/__/__(mm/dd/yyyy) Estimated Birthdate? YES NO

*** To what gender does this person identify?**

Male Female Transgender Other

*** Relationship to Me:**

Spouse Sibling Child Parent Grandchild Grandparent Roommate
 Boyfriend/Girlfriend Friend Ward Prefer Not to Say Other: _____

*** Ethnicity:**

White/Anglo Asian Middle Eastern/North African American Indian/Native American
 Black/African American Hispanic/Latino(a) Prefer Not to Say Other: _____

*** Do Any of the Following Apply to This Person:**

Breastfeeding Evacuee History of Homelessness Postpartum Pregnant
 Refugee Disability Veteran None

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