

INTAKE SHEET-fill out both sides

Recertification
 Food Request
 Scholarship Request
 Resource/Referral Request
 Seasonal Programs
 Missing Docs

Date: _____		Cell Phone #: _____ <input type="checkbox"/> ok to leave message	
Legal Last Name: _____		Home Phone #: _____ <input type="checkbox"/> ok to leave message	
Legal First Name: _____ MI: _____		E-Mail: _____	
Street Address: _____		Place of Birth: _____	
City: _____ Zip Code: _____		Date Came to the U.S.A.: _____	
Primary Language: _____		Emergency Contact Name: _____	
Other Language(s): _____		Relationship of Emergency Contact: _____	
Number of people living in home: _____		Emergency Contact #: _____ <input type="checkbox"/> ok to leave message	
Relationship Status:	Family Type:	Housing Status:	Military History:
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Separated	<input type="checkbox"/> Single Parent <input type="checkbox"/> Two-Parent Household <input type="checkbox"/> Single Person <input type="checkbox"/> Two-Adults/No Children <input type="checkbox"/> Multi-Family House <input type="checkbox"/> Other: _____	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Homeless <input type="checkbox"/> Temporary <input type="checkbox"/> Roommate <input type="checkbox"/> Shelter: _____	<input type="checkbox"/> Active <input type="checkbox"/> Active Duty <input type="checkbox"/> Veteran <input type="checkbox"/> Dependent <input type="checkbox"/> Branch: _____ <input type="checkbox"/> None
Total Household GROSS INCOME per month for ALL PEOPLE living in the home (Including Roommates and NON-Family Members): <input type="checkbox"/> TANF/Calworks: \$ _____ <input type="checkbox"/> Other Public Source: \$ _____ <input type="checkbox"/> SSI/SSA: \$ _____ <input type="checkbox"/> SSDI/SSD: \$ _____ <input type="checkbox"/> Unemployment: \$ _____ <input type="checkbox"/> Employment: \$ _____ Type of Work: _____ <input type="checkbox"/> Child Support/Alimony: \$ _____ Court ordered or voluntary? _____ <input type="checkbox"/> Food Stamps(Cal Fresh/SNAP): \$ _____ <input type="checkbox"/> Financial Aid \$ _____ School Attending: _____ <input type="checkbox"/> Other(Please Specify): \$ _____ TOTAL MONTHLY INCOME: \$ _____		Total Household EXPENSES per month for ALL PEOPLE living in the home (Including Roommates and NON-Family Members): <input type="checkbox"/> Rent/mortgage: \$ _____ <input type="checkbox"/> Car/Gas Paymen _____ <input type="checkbox"/> Insurance: \$ _____ <input type="checkbox"/> Utilities (Water/SDGE): \$ _____ <input type="checkbox"/> Groceries: \$ _____ <input type="checkbox"/> Telephone: \$ _____ <input type="checkbox"/> Childcare: \$ _____ <input type="checkbox"/> Student Loan: \$ _____ <input type="checkbox"/> Credit Card: \$ _____ <input type="checkbox"/> Other: \$ _____ Please Specify: _____ TOTAL MONTHLY EXPENSES: \$ _____ <i>* A HOUSEHOLD is defined as ALL individuals residing within the home, including non-family members</i>	
Services we MAY provide pending funding (emergency services for our zip codes only)			
Scholarships to Kroc Classes	Christmas Toys (kids 0-12 only)	Women's Ministry	
SDGE Assistance (N2N)	Resource & Referral	Low Income Housing Information	
Food Pantry (1x/month)	Childcare Third Party Payment Referral	Baby Diapers (1x/month)	
Clothing Voucher job interview)	Domestic Violence Shelter Info	Parenting Class Agencies	
Hygiene Items (1x/month)	Drug & Alcohol Recovery	English Classes	
California DMV ID Discount	Feminine Hygiene Products	Adult Diapers (1x/month)	
Prayer Request	Children's Pajamas (1x/yr.)	Formula (1x/month)	
Kroc Church Membership		Homeless snack kit (1x only)	

I acknowledge receipt of the Notice of Privacy Rights, which I have reviewed and give my permission to The Salvation Army Ray and Joa Kroc Corps Community Center Family Resource Center to use and disclose my health information in accordance with it.

Client Signature: _____ Date _____

-PLEASE FILL OUT OTHER SIDE-

Please complete for **ALL** persons living in the *household. Include roommates, landlords, and/or non-family members.

Name:	Relation-ship to you:	Sex	Birth Date	Health Insurance	Education Level	Ethnicity	Disability
Last:			M/D/Y	<input type="checkbox"/> Medi-Cal <input type="checkbox"/> Healthy Families <input type="checkbox"/> Private <input type="checkbox"/> Other	<input type="checkbox"/> High School Diploma <input type="checkbox"/> G.E.D. <input type="checkbox"/> Associate Degree <input type="checkbox"/> Some College <input type="checkbox"/> College Graduate <input type="checkbox"/> Trade/Technical School <input type="checkbox"/> Post Graduate <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> African American/Black <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Native American <input type="checkbox"/> White(Non-Hispanic) <input type="checkbox"/> Other:	Y/N Describe:
First:	Self	M/F	—/—/—				
MI:							
Last:			M/D/Y	<input type="checkbox"/> Medi-Cal <input type="checkbox"/> Healthy Families <input type="checkbox"/> Private <input type="checkbox"/> Other	<input type="checkbox"/> High School Diploma <input type="checkbox"/> G.E.D. <input type="checkbox"/> Associate Degree <input type="checkbox"/> Some College <input type="checkbox"/> College Graduate <input type="checkbox"/> Trade/Technical School <input type="checkbox"/> Post Graduate <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> African American/Black <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Native American <input type="checkbox"/> White(Non-Hispanic) <input type="checkbox"/> Other:	Y/N Describe:
First:		M/F	—/—/—				
MI:							
Last:			M/D/Y	<input type="checkbox"/> Medi-Cal <input type="checkbox"/> Healthy Families <input type="checkbox"/> Private <input type="checkbox"/> Other	<input type="checkbox"/> High School Diploma <input type="checkbox"/> G.E.D. <input type="checkbox"/> Associate Degree <input type="checkbox"/> Some College <input type="checkbox"/> College Graduate <input type="checkbox"/> Trade/Technical School <input type="checkbox"/> Post Graduate <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> African American/Black <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Native American <input type="checkbox"/> White(Non-Hispanic) <input type="checkbox"/> Other:	Y/N Describe:
First:		M/F	—/—/—				
MI:							
Last:			M/D/Y	<input type="checkbox"/> Medi-Cal <input type="checkbox"/> Healthy Families <input type="checkbox"/> Private <input type="checkbox"/> Other	<input type="checkbox"/> High School Diploma <input type="checkbox"/> G.E.D. <input type="checkbox"/> Associate Degree <input type="checkbox"/> Some College <input type="checkbox"/> College Graduate <input type="checkbox"/> Trade/Technical School <input type="checkbox"/> Post Graduate <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> African American/Black <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Native American <input type="checkbox"/> White(Non-Hispanic) <input type="checkbox"/> Other:	Y/N Describe:
First:		M/F	—/—/—				
MI:							

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