**Basic Intake Form**

Welcome! Please tell us a bit about yourself so we can offer services that best meet your needs. We ask for demographic information to meet requirements from our funders. All your personal information is confidential. Please see the attached FAQs for more information and guidance on filling out this form.

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| --- | --- | --- | --- | --- |
| **Contact & Demographic Information:** | | | | |
| **First Name:** |  | **Middle Name:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Last Name:** |  | **Nickname:** |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Birth:** | | | |  | | | | | | **Age:** |  | |
| **Home Address** Line 1: | | | | | |  | | | | | | | | | |
| Line 2 (Apt/Unit/Floor #): | | | | | |  | | | | City: | |  | | |
| Zip: |  | | County: | | | |  | | | | | | State: |  |
| **Mailing Address** Line 1: | | | | | |  | | | | | | | | | | |
| Line 2 (Apt/Unit/Floor #): | | | | | |  | | | | City: | |  | | |
| Zip: |  | | County: | | | |  | | | | | | State: |  |

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| |  |  | | --- | --- | | **Mailing Address Same as Home Address:** |  |   **Home Location Comments** (additional directions for home or mailing address): |
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| --- | --- | --- | --- | --- |
| **Home Phone:** | |  | **Cell Phone:** |  |
| **Email:** |  | | | |

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| **Gender:** | Male | Female | Non-Binary/Third Gender |  |

**Identify as:**  Transgender  Cisgender (identify with your gender from birth)

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| Gender, if not listed: | |  | |
| **Ethnicity:**  Hispanic or Latino  Not Hispanic or Latino | | | | |
| **Race, select all that apply:** | | | | |
| American Indian or Alaska Native | | | | Middle Eastern or North African |
| Asian or Asian American | | | | Native Hawaiian or Pacific Islander |
| Black or African American | | | | White |
| Race, if not listed: | |  | | |

**Do you live:**  Alone  With Others

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| **Number of people in your household** (including you): |  |

**Is your income above or below the amount listed for your household size:**

Above  At/Below

|  |  |  |
| --- | --- | --- |
| Household Size | Monthly Income | Annual Income |
| 1 | $1,255 | $15,060 |
| 2 | $1,703 | $20,440 |
| 3 | $2,152 | $25,820 |
| 4 | $2,600 | $31,200 |
| 5 | $3,048 | $36,580 |
| 6 | $3,497 | $41,960 |
| 7 | $3,945 | $47,340 |
| 8 | $4,393 | $52,720 |
| For each additional person, add $5,380 to annual income | | |

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| **Communication & Service Needs:** |

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| **Primary Language:**  English  Spanish  Other, if not listed: |  |

**Health Insurance (select all that apply):**

Medicare  Medicare Advantage  Medicaid  Medicaid Waiver

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| --- | --- | --- | --- |
| Private | None | Other, if not listed: |  |

**Would you like to hear about other services?** Yes  No

**If yes, how can we contact you?**  Email  Mail  Phone

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| --- | --- |
| **What services are you interested in?** |  |
|  | |

**Are you interested in learning about nutrition and a healthy diet?**  Yes  No

If yes, you're invited to enroll in Text2LiveHealthy, a nutrition education program delivered to you via text message.  Scan this QR code with your phone’s camera to enroll or text the word FRUIT to 97699.

A qr code on a white background

Description automatically generated

Message & Data Rates May Apply. Text HELP for information. Text STOP to97699 to opt out. No purchase necessary. For Privacy Policy and Terms and Conditions, visit: <https://coloradosph.cuanschutz.edu/text2livehealthy>

|  |  |  |  |
| --- | --- | --- | --- |
| **Emergency Contact:** | | | |
| **Name:** |  | | |
| **Phone:** |  | **Relationship:** |  |

**Disclosures and Waivers**

*I have been informed of the policies regarding voluntary contributions, complaint procedures and appeal rights. I am aware that in order to receive requested services, it may be necessary to share information with other departments or service providers and I give my consent to do so.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Date:** |  |

***For Office Use Only –***

*(If filled out by assessor or via phone, please have assessor check here and sign below* )

|  |  |  |  |
| --- | --- | --- | --- |
| **Filled Out By:** |  | **Date:** |  |

**DELETE THE FOLLOWING PAGES BEFORE PROVIDING THE FORM TO CLIENTS**

**Basic Intake Form Instructions**

**Services that can use the Basic Intake form for meeting minimum state and federal client registration and reporting requirements:**

* Assisted Transportation
* Counseling
* Evidence-Based Health Promotion
* Material Aid
* *SNAP-ED* *Fresh Conversations* Nutrition Education (currently, *SNAP-ED* *Fresh Conversations* is the only Nutrition Education program that requires client registration)
* Reassurance
* Screening
* Transportation
* Vouchers for all services that fall into the service categories above
* Services where registering clients and demographic data collection is optional - AAAs can also use this form for registering clients in services where registration is not required by state or federal reporting guidelines, including:
  + Education
  + Nutrition Education (if registration for the nutrition education program is not required)
  + Information and Assistance
  + Outreach

**All clients filling in the Basic Intake Form should be provided with:**

* Client Information/FAQs sheet
* Disclosures/Waivers sheet

**Demographic Questions:**

The following demographic information is required for federal reporting and the questions are required on all forms. Clients can choose to refuse to answer any of the questions, but they need to be given an informed choice about whether to provide their demographic information. This information must be entered into the SUDS Client record for all clients receiving services that require registration:

* DOB (to calculate age as of the end of the Federal Fiscal Year)
* Gender
* Zip code (to determine non-rural/rural geography)
* Ethnicity
* Race
* Lives With
* Poverty (income above or at/below poverty)

**Collecting Additional Client Information:**

* You can collect more client information on your region’s assessment forms than the minimum information required by the SUA Standard Assessment Forms.
* Check the Optional Assessment Questions and Alternative Wording documents for ideas on collecting more client information
* For SUDS Data Entry (if applicable), double check where to enter info & train staff/providers on data entry
* You can also add your own local questions that are not listed in the Optional Assessment Questions. If you would like to enter this information into SUDS, get in touch with the SUDS Help Desk for guidance.

**Waitlist and Targeting Considerations:**

* Some services that can use this form may require additional questions based on a region’s waitlist and targeting prioritization criteria.
* Waitlist and targeting prioritization may differ by region and service, and we do not include all possible prioritization questions on the Standard SUA Assessment Form.
* Please follow the directions above on Collecting Additional Client Information for adding Waitlist and Targeting Prioritization questions to your forms