

## Intake Form

Name:

Street Address:

Town:

State:

Phone Number:

Email:

Do you have a disability? Y/N

Are you a Veteran? Y/N

Race: White Black Hispanic American Indian Asian Pacific Islander Other \_\_\_\_

Are you employed? Y/N

Employment Type: Full Time / Part Time

Do you receive state benefits such as 3 Squares/SNAP benefits? Y/N

Do you receive Social Security disability benefits? Y/N

Do you have housing? Y/N

Housing Type: Own/Rent/Live with someone else/homeless

How many live in your household?

Household Members:

Name	DOB/Age	Health Insurance Y/N	Current Grade Level or Completed Education Level	Disabled Y/N	Veteran Y/N

How often have you needed to utilize a food resource in the past 30 days?

Are there any dietary restrictions in your household?

Please Complete both Front and Back pages

Vegan      Vegetarian      Gluten-Free      Diabetic/Low Carb      Low Salt

Food Allergy: \_\_\_\_\_ Other \_\_\_\_\_

Are you familiar with the services of these agencies in the community?

- Reach Up
- SNAP/EBT/3Squares
- Veggie Van Go/Mobile Food Truck
- WIC
- Meals on Wheels
- Community Meal Sites
- Other local food pantries
- Senior Solutions
- Springfield Supported Housing Program
- Turning Point Recovery Center
- SEVCA
- Seasonal Fuel Assistance
- Emergency Fuel Assistance
- Health Care and Rehabilitation Services
- Windsor County Youth Services
- Springfield Parent Child Center (Childcare/parenting support)
- Are you a caregiver or a dependent child of a caregiver?

Do you need help accessing any of these resources? Y/N

If so, which?

Do you give us permission to share your contact info (name, phone number, email) for referral purposes? Y/N

Is there anything else we should know to be able to best serve you?

Please Complete both Front and Back pages