



Arlington Charities Client Intake Form

Personal Information

Name (Last, First): _____

Address: _____

Phone: _____

City, State: _____

Email: _____

Zip Code: _____

Ethnicity: Hispanic Non-Hispanic

Sex of Head of Household: Female Male

Date of Birth (M/D/YYYY): _____

Age of Head of Household: _____

Client Age: _____

Number of People in Household _____

Client Race

White

American Indian / Alaskan Native & White

Black / African American

Asian & White

Asian

Black / African American & White

American Indian / Alaskan Native

American Indian / Alaskan Native & Black / African American

Native Hawaiian / Other Pacific Islander

Other

Household income: \$ _____ per _____

If the household receives other assistance, mark the appropriate choice(s) below. No proof is required.

Supplemental Nutrition Assistance Program (SNAP)

Temporary Assistance for Needy Families (TANF)

Supplemental Security Income (SSI)

National School Lunch Program (NSLP)

Medicaid

Families Impacted by COVID-19

Examples: Lost job; fewer hours at work; kids not at school, etc.

Has the pandemic impacted your need for assistance as listed in the above examples or in any other way?

Yes

No

Additional Household Members

Name	Gender	Race	Date of Birth	Relationship	
_____	_____	_____	_____	_____	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
_____	_____	_____	_____	_____	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
_____	_____	_____	_____	_____	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
_____	_____	_____	_____	_____	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
_____	_____	_____	_____	_____	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
_____	_____	_____	_____	_____	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
_____	_____	_____	_____	_____	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
_____	_____	_____	_____	_____	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic

Release of Information and Liability

I understand that the food provided is donated from various sources, therefore, I hereby release Arlington Charities from liability or responsibility under any circumstances for any damage, spoiled or contaminated food, or any reaction, illness or allergies caused by the food provided. It is my sole responsibility to inspect and properly prepare all food I may receive. I also understand Arlington Charities is not obligated to provide food for me on an on-going basis.

I understand that the personal information I have given, and information about services I have received, may be shared with other agencies for verification of services and/or referrals of other services.

I certify that all information on this form is true and correct and that all income is reported. I understand this information is being given to apply for USDA foods that are distributed through The Emergency Food Assistance Program (TEFAP).

I understand that the information is for receipt of federal funds and may be verified, and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Client Signature

Date

Staff only:

Presumed income category: _____

Staff Signature

Date