

# St. Philip's Episcopal Church Initial Intake Form

Much of the food we provide from our relationship with FeedMore (Central Virginia Food Bank). FeedMore has a new registration system. This system asks for information that will help them, and us, to serve you better in the future. You can help us by filling out the information below. Once we enter this information into the computer, future registration will be quicker.

You can decline to answer some of the answers. None of this information will be shared with anyone other than FeedMore. Thank you for your help.

## Please Print the Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

How many people live in your household? \_\_\_\_\_

Do you receive any of the following? (Check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Medicaid                              | <input type="checkbox"/> SNAP<br>(Supplemental Nutrition Assistance Program) |
| <input type="checkbox"/> SSI / SSA / SSDN<br>(Social Security) | <input type="checkbox"/> TANF<br>(Temporary Assistance to Needy Families)    |

Household Monthly Income \_\_\_\_\_ Source of Income \_\_\_\_\_

Date of Birth \_\_\_\_\_

Your Gender? Please check one:  Male  Female  Other  
 Prefer not to answer

Marital Status? Please check one:  Single  Married  Divorce  
 Separated  Widowed  Prefer not to answer

Current Type of Housing? Please check one:  Own home  Rental  
 Public housing  Live with family or friends  Youth home or shelter  
 Emergency shelter / Transitional  Refugee / Evacuee  Unhoused  
 Prefer not to answer

What Language Do You Speak at Home?  English  Spanish  
 Other: Please specify \_\_\_\_\_  Prefer not to answer

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**What is your ethnicity?** *Check as many as applicable:*

- White/Anglo       Black / African American       Hispanic/Latino  
 American Indian / Native American       Asian       Pacific Islander  
 Alaskan Native / Aleut / Eskimo       Arab American       Other  
 Prefer not to answer

**Have you ever served in the military?**       Never served in the military       Veteran

- Now on active duty       Reserve / National Guard       Prefer not to answer

**Persons actually living with you in your household (do not list yourself)**

(attach additional page if necessary to list all of the members)

Name	Date of Birth	Gender	Relationship

**What is your education level?**       Grades 0 – 8       Grades 9 – 11       High School Diploma

- GED       Post-secondary (some)       Trade School / Professional Accreditation  
 2-Year degree       4-Year degree       Master's Degree       PhD       Prefer not to answer

**Are you or any household members receiving any of the following types of assistance?**

- Aid to the Aged, Blind, or Disabled       Children Health Insurance Program (CHIP)  
 Free school breakfast, lunch       Head Start       Veterans Aid and Assistance  
 WIC (Supplemental Assistance for Women, Infants & Children)       Medicare  
 Low Income Home Energy Assistance Program       Pension  
 SNAP       Social Security (SSDI) for disabled persons       SS survivor benefits  
 Prefer not to answer

**What is your present employment situation?**       Student       Full-time employment

- Part-time employment       Retired       Currently not employed  
 Other       Prefer not to answer