

**Tri-Valley Haven Food Pantry New Client Intake**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** Street: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Gender:** Female Male Non-Binary

**Ethnicity:** Other \_\_\_\_\_

**Are you Latinx/Hispanic?** Yes No

**What is your primary language?** Other \_\_\_\_\_

**What is your marital/relationship status?** Other \_\_\_\_\_

**What is your employment status?** Other \_\_\_\_\_

What is your **YEARLY** household income? \_\_\_\_\_

What is your **MONTHLY** household income? \_\_\_\_\_

What is the number of **CHILDREN** (UNDER 21) in your family? \_\_\_\_\_

What is your **TOTAL** family size? \_\_\_\_\_

**TOTAL** number of people in household who receive Medi-CAL \_\_\_\_\_

Are you the female head of household?      Yes      No

Are you a **SSA** referral?      Yes      No

A. Do you receive **SSI**?      Yes      No

B. Are you **homeless**?      Yes      No

C. Are you an **eligible worker**?      Yes      No

D. Do you receive **TANF/CalWORKS**?      Yes      No

E. Do you have another income source?      Yes      No

**Dependents: Please include full name, birth date, gender**


**INFORMATION PROVIDED IS ACCURATE:** \_\_\_\_\_

Client Signature

\_\_\_\_\_  
Staff/Volunteer Signature

\_\_\_\_\_  
Date