

Customer Intake Form

CUSTOMER INFORMATION			
Last Name		First Name	Date of Birth
Phone ()		Email	Office Location
Address		City	Zip Code
GENDER	MARITAL STATUS		ETHNICITY
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partner	<input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino
INDICATE YOUR RACE (SELECT ONE)			
<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American	<input type="checkbox"/> Caucasian (White) <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Race	<input type="checkbox"/> Other <input type="checkbox"/> Unspecified	
INDICATE YOUR EDUCATION (SELECT ONE)			
<input type="checkbox"/> 0-8 th Grade <input type="checkbox"/> 12+ Some Postsecondary <input type="checkbox"/> 2 Year Degree <input type="checkbox"/> 4 Year Degree	<input type="checkbox"/> 9-12 Education <input type="checkbox"/> GED <input type="checkbox"/> Graduate Degree	<input type="checkbox"/> High School Graduate <input type="checkbox"/> Unspecified <input type="checkbox"/> Vocational School	
INDICATE YOUR HEALTH INSURANCE (SELECT ONE)			
<input type="checkbox"/> No Health Insurance <input type="checkbox"/> Direct Purchase <input type="checkbox"/> Provided by Employer	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Military Health Care	<input type="checkbox"/> State Children's Health Insurance <input type="checkbox"/> State Insurance for Adults <input type="checkbox"/> Unknown	
MILITARY STATUS (SELECT ONE)	DO YOU RECEIVE FOOD STAMPS?	ARE YOU DISABLED?	
<input type="checkbox"/> Active Military <input type="checkbox"/> Veteran <input type="checkbox"/> No Military	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to Answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to Answer	
FARMER (SELECT ONE)	WORK STATUS (SELECT ONE)		
<input type="checkbox"/> Farmer <input type="checkbox"/> Migrant <input type="checkbox"/> Migrant Seasonal <input type="checkbox"/> Not a Farmer	<input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Retired	<input type="checkbox"/> Unemployed (Long-Term) <input type="checkbox"/> Unemployed (Not in Workforce) <input type="checkbox"/> Unemployed Short Term > 6mos <input type="checkbox"/> Unknown	
DO YOU RECEIVE WIC? (SELECT ONE)	NON-CASH BENEFITS (SELECT ONE)		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> Public Housing <input type="checkbox"/> SNAP/Food Stamps	<input type="checkbox"/> LIHEAP <input type="checkbox"/> None <input type="checkbox"/> Other <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> WIC	
INDICATE YOUR MONTHLY INCOME AMOUNT AND SELECT INCOME SOURCE:			\$
<input type="checkbox"/> Employment <input type="checkbox"/> TANF <input type="checkbox"/> Public Assistance <input type="checkbox"/> Child Support <input type="checkbox"/> Self-Employment <input type="checkbox"/> Unemployment Insurance	<input type="checkbox"/> Pension <input type="checkbox"/> Alimony <input type="checkbox"/> Rental <input type="checkbox"/> EITC <input type="checkbox"/> Work Comp <input type="checkbox"/> Private Disability Insurance	<input type="checkbox"/> Social Security <input type="checkbox"/> Retirement Social Security <input type="checkbox"/> SSDI <input type="checkbox"/> SSI <input type="checkbox"/> VA Service - Disability <input type="checkbox"/> VA Non-Service - Disability	
HOUSING STATUS (SELECT ONE)			
<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Own - Multi-Family	<input type="checkbox"/> Own - Mobile Home <input type="checkbox"/> Other <input type="checkbox"/> Homeless	<input type="checkbox"/> Runaway <input type="checkbox"/> Temp Stable <input type="checkbox"/> Temp Unstable	

Please complete this side of the form for additional members of your household.

Customer Information				Using the key below please answer the following questions							Using (Y) for Yes or (N) for No please answer the following					Income	
First Name	Last Name	Date of Birth	Male or Female	Marital Status	Relation to Applicant	Ethnicity	Race	Education	Health Insurance	Served in Military	Food Stamps	WIC	Disabled	Farmer	Income	Primary Income Source	
Marital Status	Relation to Applicant	Ethnicity	Race	Education	Health Insurance	Source of Income											
A. Single B. Married C. Domestic Partner D. Divorced E. Separated	A. Brother B. Child C. Father D. Foster Child E. Foster Parent F. Friend G. Grandchild H. Grandparent I. Mother J. Other K. Other Related L. Other Relative M. Sister N. Spouse O. Stepfather P. Stepmother	A. Hispanic or Latino B. Non-Hispanic or Non-Latino	A. American Indian or Alaskan Native B. Asian C. Black/African American D. Caucasian (White) E. Hawaiian/Pacific Islander F. Multi-Race G. Other	<i>If household member is over age of 18 indicate highest grade completed</i> A. 0-8th grade B. 9-12th grade C. High School Grad D. GED E. 12 + some secondary school F. 2 -year College graduate G. 4-year College graduate H. N/C Child under age of 18	<i>Please indicate your source of Health Insurance</i> A. No Health Insurance B. Direct Purchase C. Employment Based D. Medicaid E. Medicare F. Military Health Care G. State Children’s Health Insurance H. State Insurance for Adults I. Unknown	<i>Please indicate your primary income source</i> A. Employment B. TANF C. Public Assistance D. Self-Employment E. Alimony F. Child Support G. Interest/Dividends H. Pension I. Rental J. Social Security K. SSDA L. SSI M. Veterans N. Work Comp											