Entered into SIMC: _____ Intake Worker: _____ Today's Date: _____

(For Agency Use Only) Agency: _____ Parish: _____

First Name **Middle Name** **Last Name** **Date of Birth: (MM/DD/YYYY)**

Address **Unit/Apt #** **City** **State** **Zip**

Email Address **Phone Number** **Gender (M / F / Other)** **Race/Ethnicity**

☐ Please check the box if okay to contact.

What method of communication do you prefer? ☐ ***Text*** ☐ ***Call*** ☐ ***Email***

(Please check all boxes that apply)

Other Members of the Household:

First Name Middle Name Last Name	Gender (M / F / Other)	Date of Birth OR Age	Race/Ethnicity

Authorized Representative to Pick Up Food *(not a member of the Household)* **Phone Number**

Is anyone in the household currently receiving SNAP or food stamps? ☐ **Yes** ☐ **No** ☐ **Don't know/Prefer not to answer**

Does anyone in your household currently receive benefits through the following government programs?

(Check all boxes that apply)

☐ **Commodity Supplemental Feeding Program**

☐ **Supplemental Security Income (SSI)**

☐ **TANIF/FITAP or cash assistance**

☐ **Don't know / Prefer not to answer**

What is your total gross household income?

Weekly $ Amount OR **Monthly $ Amount** OR **Yearly $ Amount**

Preferred Language(s): ***(Check all boxes that apply)***

☐ **English** ☐ **Sign Language**

☐ **Spanish** **Other**:_____

Dietary Restrictions: ***(Check all boxes that apply)***

☐ **Low-sugar / low-carb ("diabetes-friendly")** ☐ **Low-sodium / low-saturated fat ("heart healthy")**

☐ **Limited / no cooking equipment** ☐ **No restrictions**

☐ **Don't know / Prefer not to answer**

Health Conditions: ***(Check all boxes that apply)***

☐ **Diabetes / sugar; Diabetes / prediabetes** ☐ **High blood pressure / hypertension**

☐ **Heart disease / stroke** ☐ **None**

☐ **Don't know / Prefer not to answer**

Can you please tell me whether the following are often true, sometimes true, or never true for (you or your household):

"Within the past 30 days we worried whether our food would run out before we got money to buy more."

☐ **Often true** ☐ **Sometimes true** ☐ **Never true**

"Within the past 30 days the food we bought just didn't last and we didn't have money to get more."

☐ **Often true** ☐ **Sometimes true** ☐ **Never true**

Assistance: ***(Check all boxes that apply)***

☐ **Needs transportation** ☐ **Needs home delivery**

☐ **None**