

San Antonio Food Bank **Partner Agency Pantry Family Intake Form**

Form B

(client may fill this out)	Date of Intake:								
Are you homeless? Y	es No If no, pleas	e complete							
Household Information		1	1						
YOUR NAME									
ADDRESS									
(if available)									
CITY / STATE / ZIP / COUNTY									
PHONE									
Number in									
Household									
GROSS INCOME Amount before deductions		Per Year	Per Month	Per Week					
Does your family receive a	ny type of assistance?		t annly	1 1,1002					
	e To Needy Families (TANF)			NAP (Food Star	mps)				
	SSI				dicaid				
	NSLP			Temporary					
Document reason for crisis in "c	comments" box below.								
By signing below, I certify that: (1) I am a member of the household liv Emergency Food Assistance Program; (2) all information provided to the age (3) if applicable, the information provicert.	; ency determining my household's e ided by the household's "Authoriz	eligibility is, to the ed Representativ	he best of my knowledge and believe" (as named below) is also, to t	ef, true and correct; and	e and belief, true and				
Client Signature (client must Name of Authorized Representative			<mark>assistance)</mark> orized Representatives Address	or Phone	Date				
☐ Household is INELIGIB									
Comments:									
☐ Household is ELIGIBLE	E based on:	GILL D							
Low Income		SNAP							
SSI		Medicaid							
NSLP Certification period is up to tw Agriculture can approve crisis Beginning (month/year):	food need for seven to twel		cation period is up to six m	period if household	l is eligible.				
Agency Staff Signature: _									
Only the	information al	bove is	required to ol	otain USD	A Foods				

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DEMOGRAPHIC INFORMATION (PLEASE REPORT TO SAFB ON MONTHLY REPORTS)

	peop	le live	in yo	our house	in the fo		gende			rite the	number in the	box)
0-5 yrs			6-18 yrs 19-40		19-40 yrs		41-59 yrs		60 and over		r	
# Mal	es in	house					#	Females in	house			
Military S Active M				Retir	ed Milita	nry		Reserve			Vetera	an
					Military							
Please sele	ct yo	our rac	ce:									
American Indian or Alaska Native Asian			Black or African American		Native Hawaiian or Other Pacific Islander		White					
Please selec	t you	ır ethn		: kican	I	Puerto Rican	1	South or Cent	ral		Other Spanish cul	ture
						•		American			or origin	
How many people live in your house in the following groups: (please write the number in the box)												
Homeless	Physically Disabled		A	Abuse Victims		Mentally Disabled		People with Chronic Illness				
Homeless								Disable	.1			
Househol	d C											
Two		Senior(s) Raising Grandchildren		S	Single Parent		Single Adult		Senior Living Alone			
Parent Home		Gra	inuci	maren								
Please have client sign every time they come receive assistance (if you have another form for this that is fine, but you must keep all documentation accessible and together).												
Date	Signature of Client (by client)											
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Member Agency Guidebook