# CLIENT INTAKE

NAME _____

             (Last)                                (First)

STREET ADDRESS_____

             Street                    City/Town              Zip

PHONE # _____

| | List all members in your household | Net Monthly Income | Mil. or Vet Y/N | Race* | Hisp. Y/N | Date of Birth | M/F | Special Diet ** Y/N | Relation to you |
|---|---|---|---|---|---|---|---|---|---|
| 1 | Self | | | | | | | | Self |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |
| 6 | | | | | | | | | |
| 7 | | | | | | | | | |
| 8 | | | | | | | | | |
| 9 | | | | | | | | | |
| 10 | | | | | | | | | |
| 11 | | | | | | | | | |

** Special Dietary Need – Vegetarian, Gluten Free, Dairy Free, Sugar Free, Low Sodium, Etc.

*RACE Options

| W | White |
|---|---|
| B | Black/African American |
| B/W | Black and White |
| A | Asian |
| A/W | Asian and White |

| AI | American Indian/Alaska Native |
|---|---|
| AI/W | American Indian/Alaska Native and White |
| AI/B | American Indian/Alaska Native and Black |
| PI | Native Hawaiian/Pacific Islander |
| O | Other multi-racial or Unknown |

Application Year 1
**Household Net Monthly Income**
(All sources, after taxes)

$ _____

Application Year 2
**Household Net Monthly Income**
(all sources, after taxes)

$ _____

Application Year 3
**Household Net Monthly Income**
(all sources, after taxes)

$ _____

Eatonville Family Agency
Client Eligibility Standards Policy

PURPOSE:

The purpose of this policy being implemented by Eatonville Family Agency Food Bank (EFA) is to ensure all eligible individuals seeking food assistance are being helped. This is to serve as a guide to assist with determining eligibility.

EFA RESPONSIBILITIES:

1. Completing a Client Intake Application on all clients utilizing EFA food bank products and other client services.
2. The following are accepted for verifying proof of income: Self-attestation
3. Maintain a secure client file for a minimum of seven years.
4. Serve clients food bank food twice a month, and commodities once a month.
5. Serve clients regardless of race, color, national origin, sex, age, political beliefs, religion, disability, and/or, reprisal/retaliation for prior civil rights activity, and all other protected classes as deemed by law

CLIENT INCOME QUALIFICATIONS:

The EFA uses the current Pierce County CDBG Program Income Limits to determine food bank client eligibility and income category as directed by the Department of Housing and Urban Development (HUD). This information will be used for reporting purposes to Pierce County and other grantors. The EFA also uses The Emergency Food Assistance Program (TEFAP) Income Eligibility Guidelines to determine commodities eligibility. All income guidelines are posted for client information.

ADDITIONAL CONSIDERATIONS:

1. A definition of family shall include all persons living in the same household who are related by birth, marriage or adoption and includes dependent children living away from home.
2. If multiple families reside within the household and are not directly related (per definition of family), each family has the right to file as a separate client and receive food.
3. If multiple families reside on the same property but in different shelters (i.e. trailer, tent, guest house, etc.) each household may be accommodated at the discretion of the agency.

CLIENT CONFIDENTIALITY POLICY:

1. Personal information collected, used, or acquired in connection with any state-funded program shall be used solely for the purposes of that program. We will never share any identifying information with any agency, organization, or individual. Occasionally we will share anonymous demographic data or feedback.

**\*I/we certify that the statements on this application are true to the best of my/our knowledge and belief.**
**\*I/we understand that any false statement made on this application may cause me/us to be disqualified for services.**

_____
Print Name

Application Year 1_____          _____
                Signature          Date

Application Year 2_____          _____
                Signature          Date

Application Year 3_____          _____
                Signature          Date