



Giving to the Nations – Client Intake Form

OFFICE USE ONLY Date: _____ Request Type: Individual Event/Name: _____

New Client Certification Client Re-Certification Client Number: _____ Processed By: _____

Please fill out the entire form so we may serve you better

CLIENT DOCUMENTATION

How did you hear about Giving to the Nations programs?

Have you used our services before? Yes No

Are you homeless? Yes No

CLIENT INFORMATION

CLIENT NAME: (PRINT) _____

CLIENT ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____ **COUNTY:** _____

ADDRESS TYPE: Mailing address only I live at this address

PHONE: _____ Mobile Other

EMAIL: _____

Best contact method: Phone Email Text

Would you like to be notified of upcoming events? (By email ONLY) Yes No

HOUSEHOLD INFORMATION: List everyone that lives in your home. (Write the numbers the boxes below)

Under 5 yrs: Male <input type="checkbox"/> Female <input type="checkbox"/>	5 – 9 yrs: Male <input type="checkbox"/> Female <input type="checkbox"/>	10 – 14 yrs: Male <input type="checkbox"/> Female <input type="checkbox"/>	15 – 17 yrs: Male <input type="checkbox"/> Female <input type="checkbox"/>	18 – 24 yrs: Male <input type="checkbox"/> Female <input type="checkbox"/>
25 – 34 yrs: Male <input type="checkbox"/> Female <input type="checkbox"/>	35 – 44 yrs: Male <input type="checkbox"/> Female <input type="checkbox"/>	45 – 54 yrs: Male <input type="checkbox"/> Female <input type="checkbox"/>	55 – 64 yrs: Male <input type="checkbox"/> Female <input type="checkbox"/>	65 – 84 yrs: Male <input type="checkbox"/> Female <input type="checkbox"/>
85 yrs and over: Male <input type="checkbox"/> Female <input type="checkbox"/>		PETS – Enter a number in the box for Dog or Cat. For “Other” tells us how many and what kind of pets you have. Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other <input style="width: 100px;" type="text"/>		

MILITARY STATUS: (Place an “x” in the appropriate box)

Active Duty	Retired	Reserves/Nat’l Guard	Veteran	NONE
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PLEASE SELECT YOUR RACIAL CATEGORY: (Place an “x” in the appropriate box)

White	Asian	Black or African American	American Indian or Alaskan Native (Inuit)
One Race, Other	Two or More Races	Native Hawaiian or Other Pacific Islander	

PLEASE SELECT YOUR ETHNIC CATEGORY: (Place an “x” in the appropriate box)

Hispanic or Latino	Not Hispanic or Latino
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DOES YOUR FAMILY RECEIVE ANY TYPE OF ASSISTANCE and/or enrolled in any assistance programs? (Place an "x" in all boxes that apply)

Child Support	CHIP	WIC	CSFP	FoodShare Wisconsin
SNAP (food stamps)	FMLA	Medicaid	SSI	SSDI
VA Disability	TANF	WHEAP	Tribal Per Cap	Workers Comp
Unemployment (UI)	Employed	NONE		

THE TOTAL GROSS INCOME (THE AMOUNT BEFORE DEDUCTIONS) OF ALL HOUSEHOLD MEMBERS: Please list every family member receiving income. Complete either Per Year, Per Month or Per Week. If no income, write no income.

Name	Income Source	Per Year	Per Month	Per Week

Was there an emergency situation which caused you to contact us? Yes No

Briefly explain your current situation:

What need(s) do you or your family have right now? EXACTLY what item(s) are needed?

CLIENT ACKNOWLEDGEMENT

I certify that I am a member of the household listed above, 18 years of age or older, and certify that all information regarding my household is true to the best of my knowledge. I also designate the following person(s) as an authorized representative(s) of my household and certify that their information is correct to the best of my knowledge. Authorized representative(s) is/are able to pick up product for client.

Name of Authorized Representative(s)	Authorized Representative(s) Address/Phone
1.	
2.	

Client Signature: _____ Date: _____

NOTE: Your answers on this form are important to help determine how to best serve you, and to obtain funding to support our programs.

Please email completed form (in a .pdf format) to: office@givingtothenations.org OR

Mail to: Giving to the Nations
4003 Durand Ave, Ste 5A
Racine, WI 53405

OFFICE USE ONLY Pickup Date: _____ Pickup Person: _____	G2N Intake Form 2021.1
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