



## Giving to the Nations – Client Intake Form

OFFICE USE ONLY Date: \_\_\_\_\_ Request Type: ☐ Individual ☐ Event/Name: \_\_\_\_\_

☐ New Client Certification ☐ Client Re-Certification / Date Last Served: \_\_\_\_\_ 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 Call ☐ Email ☐ Text

(If you chose Phone Call, please write down our number, 920-770-8884, so when we call you will know it is us.)

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

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

<b>Under 5 yrs:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>	<b>5 – 9 yrs:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>	<b>10 – 14 yrs:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>	<b>15 – 17 yrs:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>	<b>18 – 24 yrs:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>
<b>25 – 34 yrs:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>	<b>35 – 44 yrs:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>	<b>45 – 54 yrs:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>	<b>55 – 64 yrs:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>	<b>65 – 84 yrs:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>
<b>85 yrs and over:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>				

**MILITARY STATUS:** (Please check all boxes that apply)

☐ Active Duty ☐ Retired ☐ Reserves/Nat'l Guard ☐ Veteran ☐ NONE

**PLEASE SELECT YOUR RACIAL CATEGORY:** (Please check all boxes that apply)

☐ White ☐ Asian ☐ Black or African American  
☐ Native Hawaiian or Other Pacific Islander ☐ Native Hawaiian or Other Pacific Islander  
☐ One Race, Other ☐ Two or More Races

**PLEASE SELECT YOUR ETHNIC CATEGORY:** (Please check a box)

☐ Hispanic or Latino ☐ Not Hispanic or Latino

**PLEASE SELECT ALL BOXES THAT APPLY TO ANY ASSISTANCE YOUR FAMILY IS RECEIVING and YOUR EMPLOYMENT**

**STATUS:** (Please check 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

**TOTAL ANNUAL HOUSEHOLD INCOME:** (Please check a box)

☐ Less than \$10,000 ☐ \$10,000-\$19,999 ☐ \$20,000 - \$29,999 ☐ \$30,000 - \$39,999  
☐ \$40,000 - \$49,999 ☐ \$50,000 - \$59,999 ☐ \$60,000 - \$69,999 ☐ \$70,000 - \$79,999  
☐ \$80,000 - \$89,000 ☐ \$90,000 - \$99,999 ☐ \$100,000 - \$124,999 ☐ \$125,000 - \$149,999  
☐ \$150,000 or more ☐ NONE

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

**Briefly explain your current situation:**

**EXACTLY what items(s) are needed for you, your family or your home that are NOT personal care, baby care or home cleaning products?** We might be able to help with some items for you or your home. COMPLETE THE **PRODUCT LIST** FOR PERSONAL CARE, BABY CARE OR HOME CLEANING PRODUCTS NEEDED, DO NOT LIST THEM HERE.

**Additional Pickup Person(s)**

Name of Pickup Person	Phone and Email of Pickup Person
1.	1.
2.	2.

**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.*

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

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please email completed form (in a .pdf format) to: [office@givingtothenations.org](mailto: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 2023