



Giving to the Nations – 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

Are you completing this form at a GIVEAWAY EVENT? Yes No

How did you hear about Giving to the Nations? Be specific.

Have you used our services before? Yes No Are you currently homeless? Yes No

CLIENT INFORMATION

CLIENT NAME: (PRINT) _____

CLIENT ADDRESS: _____ APT _____

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.)

HOUSEHOLD INFORMATION: List everyone that lives in your home. (Write numbers in 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"/>				

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)

- | | | | | |
|---|-----------------------------------|-----------------------------------|---|--|
| <input type="checkbox"/> Child Support | <input type="checkbox"/> CHIP | <input type="checkbox"/> WIC | <input type="checkbox"/> CSFP | <input type="checkbox"/> FoodShare Wisconsin |
| <input type="checkbox"/> SNAP (food stamps) | <input type="checkbox"/> FMLA | <input type="checkbox"/> Medicaid | <input type="checkbox"/> SSI | <input type="checkbox"/> SSDI |
| <input type="checkbox"/> VA Disability | <input type="checkbox"/> TANF | <input type="checkbox"/> WHEAP | <input type="checkbox"/> Tribal Per Cap | <input type="checkbox"/> Workers Comp |
| <input type="checkbox"/> Unemployment (UI) | <input type="checkbox"/> Employed | <input type="checkbox"/> NONE | | |

TOTAL ANNUAL HOUSEHOLD INCOME: (Please check a box)

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> \$10,000-\$19,999 | <input type="checkbox"/> \$20,000 - \$29,999 | <input type="checkbox"/> \$30,000 - \$39,999 |
| <input type="checkbox"/> \$40,000 - \$49,999 | <input type="checkbox"/> \$50,000 - \$59,999 | <input type="checkbox"/> \$60,000 - \$69,999 | <input type="checkbox"/> \$70,000 - \$79,999 |
| <input type="checkbox"/> \$80,000 - \$89,000 | <input type="checkbox"/> \$90,000 - \$99,999 | <input type="checkbox"/> \$100,000 - \$124,999 | <input type="checkbox"/> \$125,000 - \$149,999 |
| <input type="checkbox"/> \$150,000 or more | <input type="checkbox"/> NONE | | |

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

Briefly explain your current situation:

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 this completed form and the PRODUCT LIST (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: _____