



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 Giving to the Nations location? 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"/>	Any children in your home Newborn to 2 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No			

MILITARY STATUS: (Please check all boxes that apply)

Active Duty Retired Reserves/National Guard Veteran NONE

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

White Asian Black or African American
 American Indian or Alaska Native (Inuit) 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
 NONE

Are you currently employed? Yes No

TOTAL ANNUAL HOUSEHOLD INCOME: (Please check one 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:

PERSONAL AND HOME CLEANING PRODUCTS

The current Household Box contains the products listed below.

- Shampoo
- Hand soap
- Dishwashing detergent
- Paper towels
- Conditioner
- Toothbrushes
- Multi-purpose cleaner (liquid)
- Laundry detergent
- Body wash
- Toothpaste
- Trash bags-13 gallon
- Dryer sheets
- Body lotion
- Dental floss

CLIENT ACKNOWLEDGEMENT

I certify that I am a member of the household listed above and 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 (in a .pdf format) to: office@givingtothenations.org OR

Mail to: Giving to the Nations
460 E Pheasant Run
Oak Creek, WI 53154

OFFICE USE ONLY Pick up date: _____

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