



CLIENT INTAKE 2019-2020

Please clearly print all information:
(all information is confidential)

(Office Only)	
Food Pantry ID # _____	Declined TEFAP <input type="checkbox"/>
EmpowOR Yes <input type="checkbox"/> No <input type="checkbox"/>	

Last Name _____ First Name _____ MI _____

Rent: Yes No

Residential Street Address _____

Homeowner: Yes No

City _____ State _____ Zip _____

Total Household Size: _____

Home Phone: _____ Cell Phone: _____

Language spoken at home: _____

Email _____ Country of origin: _____

Members of the household: including yourself

First and Last Name	Date of Birth Age	Social Security #	Marital Status	Disabled	Income Amount & Frequency	Ethnicity	Grade Completed
	Day / Month / Year ____ / ____ / ____ Age: _____	____ - ____ - ____	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated	<input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	<input type="checkbox"/> Disabled <input type="checkbox"/> Veteran <input type="checkbox"/> Neither		
	Day / Month / Year ____ / ____ / ____ Age: _____	____ - ____ - ____	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated	<input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	<input type="checkbox"/> Disabled <input type="checkbox"/> Veteran <input type="checkbox"/> Neither		
	Day / Month / Year ____ / ____ / ____ Age: _____	____ - ____ - ____	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated	<input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	<input type="checkbox"/> Disabled <input type="checkbox"/> Veteran <input type="checkbox"/> Neither		
	Day / Month / Year ____ / ____ / ____ Age: _____	____ - ____ - ____	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated	<input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	<input type="checkbox"/> Disabled <input type="checkbox"/> Veteran <input type="checkbox"/> Neither		
	Day / Month / Year ____ / ____ / ____ Age: _____	____ - ____ - ____	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated	<input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	<input type="checkbox"/> Disabled <input type="checkbox"/> Veteran <input type="checkbox"/> Neither		
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	Day / Month / Year ____ / ____ / ____ Age: _____	____ - ____ - ____	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated	<input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	<input type="checkbox"/> Disabled <input type="checkbox"/> Veteran <input type="checkbox"/> Neither		

Under penalty of perjury, I hereby certify to the best of my knowledge and belief, that the above statements are true.

Client's Signature _____

Case Manager's Signature _____

Date _____

RISE OFFICE USE ONLY

Annual Household Income: _____ 125% 185% 200% Over

- | | | |
|--|---|--|
| <input type="checkbox"/> Outcomes | <input type="checkbox"/> HGP Database - GDocs | <input type="checkbox"/> Internal Case Note |
| <input type="checkbox"/> Database - GDocs | <input type="checkbox"/> TBP Database - GDocs | <input type="checkbox"/> Manila Folder - Food Pantry TEFAP |
| <input type="checkbox"/> FP Sheets - GDocs | <input type="checkbox"/> Hot Meal - GDocs | <input type="checkbox"/> Updated (Date): _____ |
| <input type="checkbox"/> EmpowOR | | _____ |
| <input type="checkbox"/> Emergency Assistance/Other: _____ | | _____ |



Formerly Community Action Service Center
Leslie Koppel, Executive Director

**CLIENT INFORMATION RELEASE/
AUTORIZACION DE INFORMACION DEL CLIENTE**

I/Yo, _____, hereby give permission to/autorizo a _____ of RISE – A COMMUNITY SERVICE PARTNERSHIP to release the following confidential information/para que revele la siguiente información confidencial:

Data necessary to determine eligibility for service (may include financial information)

This information may be released to New Jersey referral agencies including, but not limited to, Mercer County Board of Social Services, Catholic Charities, City of Trenton FEMA Program, Crisis Ministries, Home Front, St. Anthony of Padua, Salvation Army, State of New Jersey Homeless Prevention Program, Better Beginnings Day Care, Jewish Family Services, and Womanspace & AAMH, Child Protection & Permanency, Mercer Street Friends, USDA.

The purpose or need for such disclosure at any time is to determine and coordinate eligibility for services and document statistics, except to the extent that action has been taken in reliance to other agencies and otherwise will remain in effect for the time your file is active.

This information has been disclosed to you from the records whose confidentiality is protected by federal laws. Federal regulation prohibits you from making any further disclosure of it without the specific written authorization to which it pertains, or as otherwise permitted by such regulations. Furthermore, you agree to have photographs and video of your family taken for use in future RISE publications.

Datos necesarios para determinar la elegibilidad del servicio, (lo que también podría incluir información financiera)

Esta información puede ser revelada a las siguientes agencias de referencias en New Jersey, pero tampoco se les será limitada. Las agencias siguientes son: Mercer County Board of Social Services, Catholic Charities, City of Trenton FEMA Program, Crisis Ministries, Home Front, St. Anthony of Padua, Salvation Army, State of New Jersey Homeless Prevention Program, Better Beginnings Day Care, Jewish Children and Family Services, Womanspace & AAMH, Child Protection & Permanency, Mercer Street Friends, USDA.

El propósito o la necesidad para revelar cierta información es para coordinar la elegibilidad de los servicios y documentos estadísticos. Esta información puede ser dada dependiendo de la agencia que la solicite. La necesidad de revelar dicha información seguirá estando vigente excepto cuando ya se haya tomado una acción en colaboración con otras agencias de lo contrario esta información se mantendrá en efecto el tiempo que su expediente este activo.

Esta información se le ha sido revelada a Usted, de documentos que están protegidos por las leyes federales. Regulaciones federales nos prohíben hacer cualquier revelación de la misma, sin antes obtener un consentimiento escrito por la persona a quien tal información pertenece, siempre y cuando se le sea permitido por ciertas regulaciones. Está de acuerdo de que fotografías y videos tomados de usted y su familia podrán ser usados para futuras publicaciones de RISE.

Signature of client or person authorized / Firma del cliente o persona autorizada

Date / Fecha

Signature of witness / Firma del testigo

Date / Fecha

Emergency Food REGISTRATION FORM

Date: _____

Name (Print): _____ Birthdate: _____

Street Address: _____ Town & Zip Code: _____

Phone #: _____ E-mail: _____

Number of adults in household: _____ Number of children under 18 in household: _____

QUALIFYING REASON (PLEASE CIRCLE)

1. **TANF** (Temporary Assistance for Needy Families - Social Services Program)
2. **SNAP/Foods tamps** Ran out/insufficient Lost Stolen Not received
3. **SSI** (Supplemental Security Income) - NOT SOCIAL SECURITY
4. **WIC** (Women, Infants, and Children)
5. **MEDICAID**
6. **LOW INCOME** (185% of poverty)
7. **DISASTER** (Other - can be divorce, domestic violence, unusual expense, loss of employment, etc.)

Please explain: _____

I am accepting a charitable donation of food from the Emergency Food Pantry. I hereby relinquish the Food Pantry of all liability of any nature whatsoever, and accept the food products "as is" and at my own risk.

I certify that my total yearly gross household income is at or below 185% of poverty, OR that my household participates in the program(s) that I have checked on this form.

CLIENT SIGNATURE: _____ DATE: _____

Interviewer Name: _____

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8330. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at:

http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866)632.9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue; SW
Washington, D.C., 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.



Email Form

This institution is an equal opportunity provider.