



CLIENT INTAKE 2023-2024

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 _____

Interested in speaking with a
Womanspace counselor about
domestic violence? Yes No

Country of origin: _____

Members of the household: including yourself

First and Last Name	Date of Birth Age	Social Security #	Marital Status	Disabled	Income Type	Income Amount & Frequency	Ethnicity	Grade Completed
	Month / Day / Year ____ / ____ / ____ Age: _____	____ - ____ - ____	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> Disabled <input type="checkbox"/> Veteran <input type="checkbox"/> Neither	<input type="checkbox"/> SSI <input type="checkbox"/> SSD <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed	\$ _____ <input type="checkbox"/> weekly <input type="checkbox"/> bi-monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly		
	Month / Day / Year ____ / ____ / ____ Age: _____	____ - ____ - ____	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> Disabled <input type="checkbox"/> Veteran <input type="checkbox"/> Neither	<input type="checkbox"/> SSI <input type="checkbox"/> SSD <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed	\$ _____ <input type="checkbox"/> weekly <input type="checkbox"/> bi-monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly		
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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"/> All-in-One Outcomes - GDocs | <input type="checkbox"/> HGP Database - GDocs | <input type="checkbox"/> SNAP <input type="checkbox"/> NJFamily Care <input type="checkbox"/> School Lunch |
| <input type="checkbox"/> Database - GDocs | <input type="checkbox"/> TBP Database - GDocs | <input type="checkbox"/> Unemployment <input type="checkbox"/> Emergency Assistance |
| <input type="checkbox"/> FP Distribution - GDocs | <input type="checkbox"/> Hot Meal - GDocs | <input type="checkbox"/> Other/Reason for visit: _____ |
| <input type="checkbox"/> EmpowOR | <input type="checkbox"/> Manila Folder - Food Pantry TEFAP | _____ |
| <input type="checkbox"/> Internal Case Note - In house file | <input type="checkbox"/> Updated (Date): _____ | _____ |
| <input type="checkbox"/> In Remind | <input type="checkbox"/> Time: _____ | _____ |



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

Intake Information

Date: _____ LDA _____ EFO _____

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/Food stamps - 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)- SELF DECLARATION
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 the poverty level, OR that my household participates in the program(s) that I have checked on the Emergency Food Registration Form. I will also notify the Pantry, if there are changes to my income or qualifiers which may cause me to become ineligible for the TEFAP foods.”

CLIENT SIGNATURE _____ DATE: _____

Interviewer Name: _____

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant’s name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
program.intake@usda.gov



Mercer County, New Jersey
Community Services Block Grant (CSBG) Program
Customer Satisfaction Survey



Please take a moment to complete this evaluation survey. Your response will greatly benefit the CSBG program by helping agencies analyze their performance and locate any areas of improvement. You may write additional notes at the bottom of the survey. All survey responses are anonymous. Thank you for taking a moment to give us your feedback!

1. How satisfied are you with the **intake/enrollment** process at this agency?

<input type="checkbox"/>	Very Satisfied	<input type="checkbox"/>	Not Satisfied
<input type="checkbox"/>	Satisfied	<input type="checkbox"/>	Neutral/Indifferent

2. Overall, how satisfied are you with the **services** that are available to you from this agency?

<input type="checkbox"/>	Very Satisfied	<input type="checkbox"/>	Not Satisfied
<input type="checkbox"/>	Satisfied	<input type="checkbox"/>	Neutral/Indifferent

3. Overall, how satisfied are you with the **agency's** case management services, informational services and any addition services provided?

<input type="checkbox"/>	Very Satisfied	<input type="checkbox"/>	Not Satisfied
<input type="checkbox"/>	Satisfied	<input type="checkbox"/>	Neutral/Indifferent

4. The **agency and the staff** are well organized and informed about their programs and services. I left the agency today feeling knowledgeable about the discussed services and am confident I am receiving adequate service.

<input type="checkbox"/>	Strongly Agree	<input type="checkbox"/>	Disagree
<input type="checkbox"/>	Agree	<input type="checkbox"/>	Neutral/Indifferent

5. One a scale from 1 to 10 (*1 being least likely and 10 being most likely*) how likely are you to recommend this agency to a family member and/or friend in need of their services? Circle your answer.

1 2 3 4 5 6 7 8 9 10

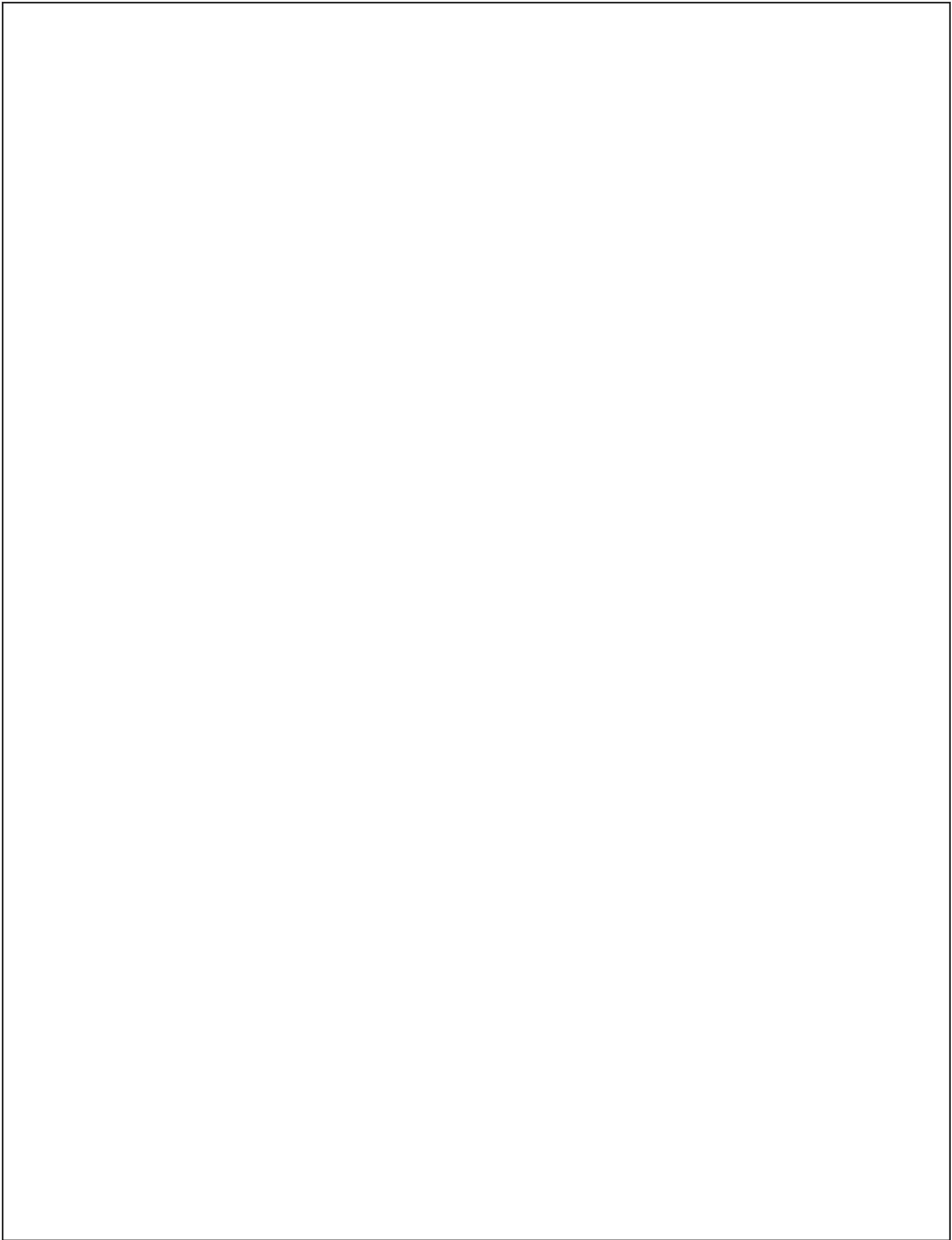
6. How did you hear about this agency? **Answer:** _____

ADDITIONAL FEEDBACK : _____



JOHN O. WILSON
HAMILTON NEIGHBORHOOD CENTER, INC.





THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)

Proxy Form / Formulario De Poder

I give my permission for the undersigned to sign for receipt of my TEFAP commodities, due to my inability to pick up my TEFAP commodities.

Doy permiso para que la persona abajo firmante, firme la aceptacion de mis productos debido a mi incapacidad para recogerlos

Client / Cliente

Proxy / Apoderado

Print name of client
Nombre impreso del cliente

Print name of Proxy
Nombre impreso del destinatario

Signature of Client
Firma del cliente

Signature of Recipient
Firma del destinatario

Date / Fecha

Relationship / Relacion

Account #

Pantry