Office Use
Pantry Location:

Utah Community Action™

Application date: *(MM/DD/YYYY)*
/ /

Intake Application

Fill out form COMPLETELY Do not leave any blanks.
Ask Case Manager for any help if needed when filling out application.

Name: ______________________________
First Name Last Name Middle Name

Date of Birth (mm/dd/yyyy):

Gender: ☐ Male ☐ Transgender M to F ☐Don't Know ☐ Female ☐ Transgender F to M ☐ Refuse

Family Type: ☐Single Person ☐Single Parent/Female ☐Single Parent/Male ☐Two Parent Household ☐Two Adult/No Children ☐Don't Know ☐Refuse

Referral Source: ☐ Agency ☐ Internet ☐ Resource Fair ☐ Individual ☐ Newsletter ☐ Word of Mouth

How are you related to the Head of Household?
☐ Self ☐ Spouse
☐ Parent ☐ Other Family Member
☐ Son or Daughter ☐ Other Non-Family
☐ Dependent Child ☐ Other Caretaker
☐ Grandparent
☐ Guardian

Ethnicity: ☐ Hispanic/Latino ☐ Non-Hispanic/Latino ☐ Don't Know ☐ Refuse

Race: ☐ American Indian or Alaska Native ☐ White ☐ Asian ☐ Don't Know ☐ Black or African American ☐ Refuse ☐ Native Hawaiian or Other Pacific Islander

Primary Language:

Veteran Status: ☐ Yes ☐ Don't Know ☐ No ☐ Refuse

Disabling Condition: ☐ Yes ☐ Don't Know ☐ No ☐ Refuse

Pregnancy Status (if applicable): ☐ Yes ☐ Don't Know ☐ No ☐ Refuse

Pregnancy Due Date: / /

Residential Address: ______________________________
City: ____________ **State:** ____________ **Zip Code:** ____________

Mailing Address (if different from above): ______________________________
City: ____________ **State:** ____________ **Zip Code:** ____________
Primary Phone: ____________ **Secondary Phone:** ____________

Work Phone: ____________ **Email:** ____________

Alternate Contact Name: ____________ **Phone:** ____________
Secondary Phone: ____________
Type of Contact: ☐ Emergency ☐ Other ☐ Mentor ☐ Best Friend ☐ Guardian ☐ Relative ☐ Physician ☐ Primary Caregiver

Residence Prior To Program Entry: (Where did you stay yesterday?)

☐ Emergency Shelter
☐ Transitional Housing for homeless persons (including homeless youth)
☐ Permanent housing for formerly homeless persons
☐ Psychiatric hospital or other psychiatric facility
☐ Substance abuse treatment facility or detox center
☐ Hospital (non-psychiatric)
☐ Jail, Prison, or Juvenile detention facility
☐ Staying or living in a family member's room/apartment/house
☐ Staying or living in a friend's room/apartment/house
☐ Hotel and Motel paid without voucher
☐ Foster care home or foster care group home
☐ Place not meant for habitation
☐ Safe Haven
☐ Owned by client
☐Owned by client, on ongoing subsidy
☐ Rental with ongoing subsidy
☐ Rental by client NO ongoing subsidy
☐ Other: ____________
☐ Don't Know
☐Refuse

Length Of Stay:
☐ One week or less
☐ More than three months but less than a year
☐ One to Three Months
☐ More than a week but less than a month
☐ One year or longer
☐Don't Know
☐Refuse

What Is your current **housing status**?
☐ Homeless
☐ Unstably housed and at-risk of losing housing
☐ Imminent risk of losing housing
☐ Stably Housed - Rent
☐ Stably Housed – Own
☐ Don't Know
☐ Refuse

Currently in School / Working on Degree:
☐ No ☐ Don't Know
☐ Yes ☐ Refuse

Received Vocational Training / Apprenticeship:
☐ No ☐ Don't Know
☐ Yes ☐ Refuse

Secondary Education:
☐Associates Degree
☐Bachelors
☐Masters
☐Doctorate
☐Other graduate / Professional Degree
☐Certificate of advance training or skilled artisan

Highest Grade Completed:
☐ No School Completed
☐ Nursery School to 4th Grade
☐ 5th Grade to 6th Grade
☐ 7th Grade or 8th Grade
☐ 9th Grade
☐ 10th Grade
☐ 11th Grade
☐ 12th Grade, No diploma
☐ High School diploma
☐ GED
☐ Post-secondary school
☐ Don't Know
☐ Refuse

Attendance Status:
☐ Attending school regularly
☐ Attending school irregularly
☐ Graduated from high school
☐ Obtained GED
☐ Dropped out
☐ Suspended ☐ Don't know
☐ Expelled ☐ Refused

What other Community Agencies are you involved with?

ATTENTION
Fill out bottom section for household **members 18+**
Income received on behalf of a **minor** household member should be recorded as part of **HEAD of household income.**

Do You Receive any Cash Benefits? (Monthly Income)

☐ Employment	$	☐ TANF	$
☐ Unemployment	$	☐ General Assistance (GA)	$
☐ Supplemental Security Income (SSI)	$	☐ Retirement Income From Social Security	$
☐ Social Security Disability Income (SSDI)	$	☐ Other Pension	$
☐ Veteran's Disability Payment	$	☐ Child Support	$
☐ Veteran Pension	$	☐ Alimony or other spousal support	$
☐ Private Disability Insurance	$	☐ Other	$
☐ Workers' Compensation	$		

Do you receive Non-Cash Benefits? (Monthly)

☐ Food Stamps (total amount received) $	☐ TANF Child Care Services
☐ MEDICAID	☐ TANF Transportation Services
☐ MEDICARE	☐ Other TANF – Funded Service
☐ CHIP	☐ Section 8, Public housing or other rental assistance
☐ WIC	☐ Other Source
☐ VA Medical Services	☐ Temporary Rental Assistance

Which Health Insurance Do you have?
(Check all that apply)
☐ Private
☐ Private – Employer
☐ Private – Individual
☐ Medicaid
☐ Medicare
☐ Military Insurance
☐ State Funded
☐ Chip & Medicaid
☐ IHS
☐ Other Public (RW)
☐ CHIP
☐ No Health Insurance

If you have more than one Insurance which is Primary?

If you **DO NOT** have health insurance, please tell us why:
☐ Applied, Decision Pending
☐ Applied, Not Eligible
☐ Don't Know
☐ Refuse