

SIMC Intake Form (English v2)

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

☐ OK to Contact Preferred Communication Method? ☐ Call ☐ Text ☐ Email

Demographics - Gender Identity: What gender do you identify as?

☐ Male ☐ Female ☐ Transgender ☐ Trans Female/ Trans Woman ☐ Trans Male/Trans Man
☐ Gender non-conforming ☐ None of these ☐ Don't Know / Prefer not to answer

Race & Ethnicity: What race and/ or ethnicity do you identify as? Select all that apply.

☐ White ☐ Hispanic, Latino, or Spanish ☐ Black or African American
☐ Asian ☐ American Indian or Alaska Native ☐ Middle Eastern or North African
☐ Native Hawaiian or Other Pacific Islander ☐ Some other race or ethnicity ☐ Don't Know / Prefer not to answer

List everyone ELSE in the household that will benefit from the food provided:

Last Name	First Name	Relationship	Date of Birth

Is anyone in your household currently receiving SNAP or food stamps? ☐ Yes ☐ No ☐ Don't know or prefer not to answer

Employment Status: In the last month, did you or anyone in your household work for pay full-time (for 30 hours per week or more)?

☐ Yes ☐ No ☐ Don't Know / Prefer not to answer

Does anyone in your household, including yourself, have a disability that prevents them from accepting any kind of work during the next 6 months?

☐ Yes ☐ No ☐ Don't Know / Prefer not to answer

OVER: *Must complete page 2.*

Combined Income for ALL Adults in the Household:

Weekly Amount

-or-

Monthly Amount

-or-

Yearly Amount

\$ _____

\$ _____

\$ _____

Military Status: Has anyone in your household, including yourself, served on active duty in the U.S. Armed Forces? Active duty includes activation (Reserves or Guard).

☐ Yes, on active duty in the past, but not now ☐ Yes, now on active duty

☐ No, never on active duty except for initial/ basic training

☐ No, never served in the U.S. Armed Forces ☐ Don't know / Prefer not to answer

Proxy if any: _____ **Phone:** _____

Signature: _____ **Date:** _____

