

**Catholic Charities Food Pantry  
Intake Form**

DATE: \_\_\_\_\_ DOB \_\_\_\_\_ Phone# \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

STREET \_\_\_\_\_ TOWN: \_\_\_\_\_

# OF:      ADULTS: \_\_\_\_\_      CHILDREN: \_\_\_\_\_

INCOME (in thousands of dollars)

10\_\_\_      10-14\_\_\_      15-19\_\_\_      20-29\_\_\_      30-49\_\_\_      50\_\_\_

UNEMPLOYMENT \_\_\_\_\_  
WORKING \_\_\_\_\_

DISABILITY \_\_\_\_\_  
NOT WORKING \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

INCOME SUBSIDIES: (check each if applicable)

PA\_\_\_ MEDICAID\_\_\_ FOOD/ST\_\_\_ SCH/LUNCH\_\_\_ WIC\_\_\_ SSI/SSD\_\_\_ NONE\_\_\_

HOUSEHOLD GENDER/AGE STATISTICS: (Place number of people in household under each category)

M\_\_\_      F\_\_\_      0-5Yr\_\_\_      6-18\_\_\_      20-64\_\_\_      65+\_\_\_

Indicate: Pregnant:\_\_\_ Veteran\_\_\_ Receives VA Benefits \_\_\_\_\_

NATIONALITY: (please circle)

White      Black      Asian      Hispanic      Unknown

RELIGION:      NC=Not Catholic      RC=Catholic Charities

NC\_\_\_      RC\_\_\_      PARISH (Only If RC) \_\_\_\_\_

FAMILY COMPOSITION: (Working Age Adults and Minor Children)

(Please circle)

D/M/Child\_\_\_ M/C\_\_\_ D/C\_\_\_ Hus/Wife\_\_\_ Liv/Other Fam\_\_\_ Liv/Unrel\_\_\_ Liv/alone\_\_\_

NEED/REQUEST: (please circle)

Food      Diapers      Clothing      Other

DISPOSITION: Any notes about disposition