



# COMMUNITY ACTION OF NAPA VALLEY

Food Bank Program, 938 Kaiser Way, Napa CA 94558 (707) 253-6128

Date \_\_\_\_\_

Intake Worker \_\_\_\_\_

## FOOD BANK PANTRY INTAKE FORM

**Applicant's Name** (First, Middle, Last) \_\_\_\_\_

**Street Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Birth Date** (mm/dd/yyyy) \_\_\_\_\_ **Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Education:** ☐ Grades 0-8 ☐ Grades 9-12 / Non-Grad ☐ High School Grad / GED  
☐ 12 grade + some post-secondary ☐ 2 or 4 year College Grad ☐ Other post-secondary Grad

### Sex at Birth

- ☐ Male  
☐ Female

### Household Income:

\$ \_\_\_\_\_ per month

### Ethnicity (**Must** check one)

- ☐ Hispanic, Latino, Spanish Origins  
☐ Not Hispanic, Latino, or Spanish Origins

### Race

- ☐ American Indian or Alaska Native  
☐ Asian  
☐ Black or African American  
☐ Native Hawaiian or Pacific Islander  
☐ White  
☐ OTHER  
☐ Multi-Race - 2 or more of the above

### Household Type

- ☐ Single Person  
☐ Two Adults, NO Children  
☐ Single Parent - Female  
☐ Single Parent – Male  
☐ Two Parent Household  
☐ Non-related Adults with Children  
☐ Multi-generational Household  
☐ Other Household Arrangement

### Housing Means

- ☐ Own  
☐ Rent  
☐ Other permanent housing  
☐ Homeless  
☐ Other

**Disabled?** ☐ Yes ☐ No

### Health Insurance

- ☐ NONE  
☐ Medicaid - Medical  
☐ Medicare  
☐ State Children's Health Insurance  
☐ State Health Insurance for Adults  
☐ Military Health Care Insurance  
☐ Direct-Purchase  
☐ Employment Based Insurance

### Work Status

- ☐ Employed Full-Time  
☐ Employed Part-Time  
☐ Migrant/Seasonal Farm Worker  
☐ Unemployed (Less than 6 mo.)  
☐ Unemployed (More than 6 mo.)  
☐ Unemployed (Not in Labor Force)  
☐ Retired  
☐ Currently In School

### Military Status

- ☐ Veteran  
☐ Active Military  
☐ No Military Service

### Income Source ( ✓ **All** that Apply)

- ☐ TANF  
☐ SSI  
☐ SSDI  
☐ Social Security Retirement  
☐ Pension  
☐ Private Disability Insurance  
☐ VA Disability (service-connected)  
☐ VA Disability (non-service-connected)  
☐ Child Support  
☐ Alimony / Spousal Support  
☐ Unemployment Insurance  
☐ Earned Income Tax Credit  
☐ General Assistance  
☐ Other

### Non-Cash Benefits ( ✓ **All** that Apply)

- ☐ SNAP / CAL FRESH  
☐ WIC  
☐ LIHEAP  
☐ Housing Choice Voucher  
☐ Public Housing  
☐ Permanent Supportive Housing  
☐ HUD-VASH  
☐ Childcare Voucher  
☐ Affordable Care Act Subsidy  
☐ OTHER

### Pets

# of Dogs: \_\_\_\_\_ # of Cats: \_\_\_\_\_



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### Others Living in Household

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☐ 12 Grade+some post-secondary ☐ 2 or 4 yr. college graduate ☐ Another graduate

**Relationship:** \_\_\_\_\_ **In School?** ☐ Yes ☐ No **Working?** ☐ Yes ☐ No

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**Comment / Notes:** \_\_\_\_\_

*I certify that the information I have provided on this form is, to the best of my knowledge, complete and correct.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date