

SILVER FOX PROGRAM

Client Intake Form

Date of Service: _____ Route# _____ Staff Member: _____

Section I: Applicant Information

Applicant's Name: (Last, First, Middle) _____

Birth Date (mm/dd/yy) _____ **Street Address** _____

City _____ **Zip Code** _____ **Phone** _____ **Email** _____

Sex at Birth

- ☐ Male
☐ Female

Ethnicity (one block **must** be checked)

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

Race

- ☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian / Pacific Islander
☐ White
☐ Other
☐ Multi-Race (two or more of the above)

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

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

Health Status

- Disabled? ☐ Yes ☐ No
Health Insurance? ☐ Yes ☐ No

Health Insurance Sources

- ☐ Medicaid
☐ Medicare
☐ State Children's Health Ins.
☐ State Health Insurance for Adults
☐ Military Health Care Insurance
☐ Direct-Purchase
☐ Employment Based Ins.

Section II: Emergency Contact Information

Contact Name / Address / Phone _____

Section III: Applicant's Household Information

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 Size: _____

Housing

- ☐ Own
☐ Rent
☐ Other permanent housing
☐ Homeless

Other Income Source (Please check **all** blocks that apply)

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

Non-Cash Benefits (Please check **all** blocks that apply)

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

Total Monthly Income: \$ _____



Section IV: Others Living in Household

Name (Last, First) _____ Age _____ Birth Date (mm/dd/yy) _____

Education: ☐ Grades 0-8 ☐ Grades 9-12 ☐ HS Grad / GED Sex at Birth: ☐ Male ☐ Female
☐ 12 Grade plus ☐ 2 or 4 yr. college grad ☐ Other Grad In School? ☐ Yes ☐ No Working? ☐ Yes ☐ No

Name (Last, First) _____ Age _____ Birth Date (mm/dd/yy) _____

Education: ☐ Grades 0-8 ☐ Grades 9-12 ☐ HS Grad / GED Sex at Birth: ☐ Male ☐ Female
☐ 12 Grade plus ☐ 2 or 4 yr. college grad ☐ Other Grad In School? ☐ Yes ☐ No Working? ☐ Yes ☐ No

Name (Last, First) _____ Age _____ Birth Date (mm/dd/yy) _____

Education: ☐ Grades 0-8 ☐ Grades 9-12 ☐ HS Grad / GED Sex at Birth: ☐ Male ☐ Female
☐ 12 Grade plus ☐ 2 or 4 yr. college grad ☐ Other Grad In School? ☐ Yes ☐ No Working? ☐ Yes ☐ No

Name (Last, First) _____ Age _____ Birth Date (mm/dd/yy) _____

Education: ☐ Grades 0-8 ☐ Grades 9-12 ☐ HS Grad / GED Sex at Birth: ☐ Male ☐ Female
☐ 12 Grade plus ☐ 2 or 4 yr. college grad ☐ Other Grad In School? ☐ Yes ☐ No Working? ☐ Yes ☐ No

Name (Last, First) _____ Age _____ Birth Date (mm/dd/yy) _____

Education: ☐ Grades 0-8 ☐ Grades 9-12 ☐ HS Grad / GED Sex at Birth: ☐ Male ☐ Female
☐ 12 Grade plus ☐ 2 or 4 yr. college grad ☐ Other Grad In School? ☐ Yes ☐ No Working? ☐ Yes ☐ No

☐ Pets #Dogs: _____ #Cats: _____

In order to qualify for the Silver Fox Program, you must be 60 years of age or older and meet the California Department of Social Services income guidelines.

- Food is subject to availability. Quantity, quality, and selection may vary. All food distributed meets FDA and Environmental criteria.
- Boxes of Food **MUST** be picked up on the distribution day. They cannot be held or left without someone present.
- Please call (707) 253-6128 if you are unable to pick up your box.
- Mail to CANV Food Bank, 938 Kaiser Rd, Napa, CA 94558
- By signing this application, you certify that you meet low-income guidelines.

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

Client Signature _____

Date _____

FOR AGENCY USE ONLY:

Date Application Received: _____

☐ New

☐ Return