

Household Intake Form

Last name: _____ First Name: _____ Phone Number: _____

Address: _____ Apartment No: _____

City: _____ State: _____ Zip Code: _____ Agency Worker: _____

| Household breakdown by Age | | | In the columns below the current month, enter the date every time this household receives food. | | | | | | | | | | | |
|----------------------------|--|-------|---|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 1 | Children Age 0-17 | Box 1 | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN |
| 2 | Adults Age 18-59 | Box 2 | | | | | | | | | | | | |
| 3 | Adults Age 60+ | Box 3 | | | | | | | | | | | | |
| 4 | Total in Household (Add boxes 1 through 3) | Box 4 | | | | | | | | | | | | |
| 5 | How many times did this household receive food this month? | Box 5 | Box 5 | Box 5 | Box 5 | Box 5 | Box 5 | Box 5 | Box 5 | Box 5 | Box 5 | Box 5 | Box 5 | Box 5 |
| 6 | <u>Individuals</u> Each month, multiply box 4 times box 5 | Box 6 | Box 6 | Box 6 | Box 6 | Box 6 | Box 6 | Box 6 | Box 6 | Box 6 | Box 6 | Box 6 | Box 6 | Box 6 |

This form **does not** get turned into the Foodbank; it is used to capture the information needed for the Partner Agency Monthly Report that **does** get turned into the Foodbank by the first day of the following month. Distribution forms must be kept on file at your site for **two years**.