**CT HMIS Food Pantry Intake Form**

**Project Start Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Project Exit Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant (Head of Household) Information:**

**First Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Last Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Middle Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Suffix**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name Data Quality:** ◻ Full Name Reported ◻ Partial, Street Name, or Code Name reported ◻ Client Doesn't Know ◻ Client prefers not to answer

**Date of Birth:** \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ ◻ Full DOB Reported ◻ Approximate or Partial DOB Reported ◻ Client Doesn't Know ◻ Client prefers not to answer

**Social Security Number:** \_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_

◻ Full SSN Reported ◻ Approximate or Partial SSN Reported ◻ Client Doesn't Know ◻ Client prefers not to answer

**Sex**: ◻ Male ◻ Female ◻ Client Doesn’t Know ◻ Client prefers not to answer ◻ Data Not Collected

**Primary Language:** ◻ English ◻ Spanish ◻ French ◻ Portuguese ◻ Other ◻ Client Doesn’t Know If Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Relationship to HOH:** ◻ Self ◻ Spouse ◻ Child ◻ Step-Child ◻ Grandparent ◻ Guardian ◻ Other Relative ◻ Other Non-Relative ◻ Grandchild

◻ Foster-Child

**Race & Ethnicity**: ◻ White ◻ Black, African American or African ◻ Asian or Asian American ◻ American Indian, Alaska Native, or Indigenous ◻ Native Hawaiian or Pacific Islander ◻ Middle Eastern or North African ◻ Non-Hispanic/Latina/o ◻ Hispanic/Latina/o ◻ Client Doesn’t Know ◻ Client prefers not to answer

**Additional Race and Ethnicity Detail:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Veteran Status**: Have you ever been on active duty in the U.S. Military? ◻ Yes ◻ No ◻ Client doesn’t know ◻ Client prefers not to answer

If **“YES”** QUESTIONS with an \* are **required** to be answered, located at the end of this form. **If “NO” was Veteran Status Verified?** ◻ Yes ◻ No

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Client Location (Program):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Disabling Condition**: ◻ Yes ◻ No ◻ Client Doesn't Know ◻ Client prefers not to answer

**Type of Residence:** Identify the type of living situation and length of stay in that situation just prior to project start for all adults and heads of households.

**HOMELESS SITUATION**

◻ Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter

◻ Place not meant for habitation

◻ Safe Haven

**INSTITUTIONAL SITUATION**

◻ Foster care or foster care group Home

◻ Hospital or other residential non-psychiatric

medical facility

◻ Jail, prison, or juvenile detention facility

◻ Long-term care facility or Nursing Home

◻ Psychiatric Hospital or other psychiatric facility

◻ Substance Abuse treatment facility or detox

center

**TRANSITIONAL HOUSING SITUATION**

◻ Hotel / Motel paid without ES voucher

◻ Staying or living in a family, member’s room, apartment, or house

◻ Staying or living in a family member’s room, apartment, or house

◻ Transitional housing for homeless persons (including youth)

**PERMANENT HOUSING SITUATION**

◻ Rental by client no ongoing housing subsidy

◻ Rental by client, with ongoing housing

Subsidy

**IF *Rental by client, with ongoing housing***

***Subsidy is Checked*, Please select Subsidy from List:**

*◻ GPD TIP housing subsidy*

*◻ VASH housing subsidy*

*◻ RRH or equivalent subsidy*

*◻ HCV voucher (tenant or project based) (not dedicated)*

*◻ Public housing unit*

*◻ Rental by client, with other ongoing housing subsidy*

*◻ Emergency Housing Voucher*

*◻ Family Unification Program Voucher (FUP)*

*◻ Foster Youth to Independence Initiative (FYI)*

*◻ Permanent Supportive Housing*

*◻ Other permanent housing dedicated for formerly homeless persons*

◻ Owned by client, no ongoing housing subsidy

◻ Owned by client, with ongoing housing subsidy

**OTHER**

◻ Client doesn't know

◻ Client prefers not to answer

◻ Data Not Collected

**Prior Zip Code (Numbers Only): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is the individual willing to share their current zip code and town?:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Zip Code of Current Location (NUMBERS ONLY):**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City/Town of current location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number of Persons Under 18**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Number of Persons 18 to 64 years:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Number of Persons 65+:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you participate in any of the following programs**?

◻ Aid to the Blind or Disabled

◻ Energy Assistance

◻ Food Stamps

◻ Husky Part A, Part B

◻ School Meals

◻ Section 8 Rental Assistance Program

◻ Social Security Supplemental (SSI)

◻ State Administered General Assistance (SAGA)

◻ Temporary Assistance to Needy Families (TANF)

◻ WIC

**Total Household Income Amount (Last 30 days):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Has an ID Card been issued?** ◻ YES ◻ NO

**Veteran Information:**

**DD214 Order Date: \_\_\_\_\_\_\_\_**\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DD214 Receive Date: \_\_\_\_\_\_\_**\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_

**Service Connected Disability:** ◻ Yes ◻ No

**\*Branch of military:** ◻ Air Force ◻ Army ◻ Marines ◻ Navy ◻ Coast Guard ◻ Space Force ◻ Client Doesn’t Know ◻ Client prefers not to answer ◻ Other

**Reserves:** ◻ Yes ◻ No

**\*Discharge status:** ◻ Honorable ◻ General under Honorable Conditions ◻ Under Other than Honorable Conditions ◻ Bad Conduct ◻ Dishonorable

◻ Uncharacterized ◻ Don’t Know ◻ Refused

**\*Date Entered Service: \_\_\_\_\_\_\_\_**\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\*Date Separated Service: \_\_\_\_\_\_**\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_

**Months of Active Duty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Campaign Badge Veteran:** ◻ Yes ◻ No

**Stand Down Event:** ◻ Yes ◻ No

**Serve in a War Zone:** ◻ Yes ◻ No ◻ Client Doesn’t Know ◻ Client prefers not to answer

*If YES, please select the* **War Zone Name**: ◻ Afghanistan ◻ China, Burma, India ◻ Don’t Know ◻ Europe ◻ Iraq ◻ Korea ◻ Laos and Cambodia ◻ North Africa

◻ Other ◻ Persian Gulf ◻ Refused ◻ South China Sea ◻ South Pacific ◻ Vietnam

\***Months Served in a Warzone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*If Yes, Received Friendly or Hostile Fire: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Theatre of Operations:** ◻ World War II ◻ Korean War ◻ Vietnam War ◻ Persian Gulf War (Operation Desert Storm) ◻ Afghanistan (Operation Enduring Freedom) ◻ Iraq (Operation Iraqi Freedom) ◻ Iraq (Operation New Dawn) ◻ Other Peace-keeping Operations or Military Interventions

**Additional notes:**