



# CUPBOARD INTAKE FORM



*Site/Agency:* \_\_\_\_\_

*Date:* \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Phone: \_\_\_\_\_

SSN: (optional) \_\_\_\_\_

*I recognize that CADCOM will be in receipt of this information*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Do you receive or have you recently applied for Food Stamps? **YES NO**

Would you like to know more about applying for Food Stamps? **YES NO**

Food Stamps are now called SNAP -> Supplemental Nutrition Assistance Program

*Please fill out the following information for every member of your household:*

Name	Age				Highest Grade Completed	Employed in the last 3 months	Receives Social Security Benefits	Race
	0-8	9-17	18-59	60+				
						Y N	Y N	
						Y N	Y N	
						Y N	Y N	
						Y N	Y N	
						Y N	Y N	
						Y N	Y N	

*Continue on back if needed*