Date: _____

OASIS INSIGHT CLIENT INTAKE FORM

____ Consent for data entered into database

_____ Some questions are optional

	Head of Household (Primary Contact) - <i>CLIENT I</i>	PLEASE PRINT CLEARLY			
			*** Client Should Make a Sele	ection in ALL Sections Below ***		
			*Client ID Viewed	Client Gender		
Name:	First, Middle, Last **		Driver's License	Female 📗		
			State ID	Male 💹		
			Utility Bill	Transgender 🔲		
Maide	n Name	Nickname	Lease Agreement	Prefer Not to Answer		
			Other (List Below)	None of These		
Date o	f Birth (MM / DD / YYYY)					
			Client	Client Ethnicity		
			Asian 🛄	Multi-Racial		
Street	Address (Physical)**	OR No Fixed Address	Black or African American	Prefer Not to Answer		
			Hispanic, Latino or Spanish	Did Not Ask		
			Middle Eastern or North African	Some OTHER race or ethnicity		
City, St	tate, Zip**		White	(Please list OTHER below)		
			Marshallese			
			American Indian or Alaska Native			
County	Y**		Hawaiian <i>or</i> other Pacific Islander			
			Client Level of Education	Client Employment Status		
Mailin	g address (if different fro	m Street Address)	College Degree	Full-time		
		•	High School grad / GED	Part-time		
			Some High School	Unemployed 🗔		
*Phon	e# - List and Check <i>Home</i>	or Cell or Message	Some College	Retired 🔲		
		CELL Message	Less than High School	netired in a		
		orer manage	Prefer Not to Answer			
			Did Not Ask			
Email	Address (Optional)		DIG NOT ASK			
Lillan	Address (Optional)		*# of People	# of People		
*Mv	Household: Governmen	t Benefitsand Income Sources	LIVING In Household	EMPLOYED In Household		
y	Trouserrora: Governmen	\$ Amount / INTERVAL	<u> </u>			
	Medica					
	Medica	re ::::::::::::::::::::::::::::::::::::	Client Marital Status	Client Housing		
	SNAP (Food Stamp	os) ********** *********	Divorced	Homeless		
	Social Securi	***************************************	Married 🔲	Rents		
	Veterans Benefi	·	Single	Owns		
	Disabili		Separated 🔲	At risk of homelessness		
		SI	Widowed	Transient		
	Unemplyme		Prefer Not to Answer	Other (List Below):		
	Family Suppo		Did Not Ask	- (List Below).		
	Child Support / Alimo		DIG NOT ASK			
	HUD (Housing Assistance					
	TEA (Temp Emp Assistant	***************************************				
	TEM LIGHTID EITID ASSISTANC			Anyone in Household		
	General Assistan		*Client SNAD Decinion*	Military Status		
	General Assistan Workman's Compensasti	on	*Client SNAP Recipient	Military Status		
	General Assistan Workman's Compensasti Retireme	on nt	Yes	Yes, on active duty in the past		
	General Assistan Workman's Compensasti Retireme Wag	on nt es	Amount \$	Yes, on active duty in the past Yes, currently on active duty		
	General Assistan Workman's Compensasti Retireme	on nt es	Amount \$ No	Yes, on active duty in the past Yes, currently on active duty No		
	General Assistan Workman's Compensasti Retireme Wag	on nt es	Amount \$ No Don't Know	Yes, on active duty in the past Yes, currently on active duty No Prefer Not to Answer		
	General Assistan Workman's Compensasti Retireme Wag Other (<i>List Below</i>	on nt es	Amount \$ No	Yes, on active duty in the past Yes, currently on active duty No Prefer Not to Answer		

===> NOTE: Client Should Fill Out Back Of Form Also <===

Date: _____

OASIS INSIGHT CLIENT INTAKE FORM

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LIST ALL OTHER PEOPLE LIVING IN YOUR HOUSEHOLD **MODITION NOT LIST YOUR NAME**) CLIENT PLEASE PRINT CLEARLY

First, Middle, Last	D.O.B.	Gender	Ethnicity	Relationship (son, spouse, boyfriend, etc.)
First, Middle, Last	D.O.B.	Gender	Ethnicity	Relationship (son, spouse, boyfriend, etc.)
First, Middle, Last	D.O.B.	Gender	Ethnicity	Relationship (son, spouse, boyfriend, etc.)
First, Middle, Last	D.O.B.	Gender	Ethnicity	Relationship (son, spouse, boyfriend, etc.)
First, Middle, Last	D.O.B.	Gender	Ethnicity	Relationship (son, spouse, boyfriend, etc.)
First, Middle, Last	D.O.B.	Gender	Ethnicity	Relationship (son, spouse, boyfriend, etc.)
First, Middle, Last	D.O.B.	Gender	Ethnicity	Relationship (son, spouse, boyfriend, etc.)

Client Proxy Information: In the event that I amunable to pick up my commodity food box from the distribution site, I authorize the following people to pick up my commodity food box for me and to sign the receipt log for me. I understand that I accept full responsibility for the actions of my proxy and will inform them of the proper procedure for commodity pickup.

PROXY MUST BE SOMEONE NOT LIVING IN YOUR HOUSEHOLD CLIENT PLEASE PRINT CLEARLY

First, Middle, Last	Phone
,	
T	
First, Middle, Last	Phone
First, Middle, Last	Phone
This, Whate, East	1 Hone
First, Middle, Last	Phone