

Client Intake Form

Mr Mrs Miss	Ms	
Full Name:		
DOB:	Gender: M F	Ethnicity:
Phone:		
Email:		
	Current Health S	Status
Senior Citizen: Yes N	o (Born 1955 or earl	lier; 65+)
What is your current med	lical diagnosis?	
Cancer; please speci	fy	
Neurological illness; p	olease specify	
Autoimmune; please	specify	
Diabetes; please spe	cify	
Heart disease; please	e specify	
Arthritis		
Other:		
Please explain your curre	ent health status:	
	ng treatment and/or tak	king medication for your health
ailments?	ana ana ifu	
Yes No If yes, ple	ease specity:	
Name of doctor:		

Do you have a caregiver?: Yes No				
If yes, how many hours per week?:				
Current Income Eligibility				
Are you currently: Homeowner? or Renter?				
Home Address:				
What is your annual income?				
Under \$30,000				
Between \$30,000 and \$50,000				
Between \$50,000 and \$80,000				
Over \$80,000				
Please attach a proof of income such as SSI statement, 1040, and or Bank statement *this is required with every application*				
How many people are in your household?				
How many people will be eating SoupMeals?				
SoupMeal Program				
Please rate on a scale from 1-5 (1 being low, 5 being high)				
Appetite:				
Energy:				
Difficulty swallowing (Dysphagia):				
Do you have any dietary restrictions? Please specify:				
How many 21 oz SoupMeals would you like to receive weekly?				
Referral source (individual or agency):				

Pets : Yes No	If yes, how many?	Friendly: Yes	No
Veteran: Yes No _	If yes, where did you s	serve?	
	Emergency Contact In	formation	
Name:			
Relationship:			
Phone number:			
Email:			

Program requirements and policies:

- Clients on our SoupMeal program will receive the vegan SoupMeal once a week.
- SoupMeal deliveries occur on Wednesday (typically to arrive mid to late morning).
- Pick up clients may pick up their SoupMeals once a week any day Monday-Friday from 9am-1pm at 126 East Haley Street.
- All clients must agree to filling out our quarterly survey (one survey per quarter; four total surveys per year).