

The Market at Gray House Intake Form

LAST NAME _____ FIRST & MIDDLE NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DATE OF BIRTH _____ GENDER male female other

PHONE _____ Are you a: Veteran Senior Citizen

Ethnicity (select 1)
<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Not Hispanic or Latino

Race (select 1)
<input type="checkbox"/> White
<input type="checkbox"/> Black/African American
<input type="checkbox"/> Asian
<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Hawaiian/Pacific Islander
<input type="checkbox"/> Other/Multi-racial

Food Sensitivities/ Health Concerns	
<input type="checkbox"/> Diabetic	<input type="checkbox"/> No pork
<input type="checkbox"/> Heart condition	<input type="checkbox"/> No nuts/peanut butter
<input type="checkbox"/> No lactose/dairy	<input type="checkbox"/> Low Sodium
<input type="checkbox"/> No gluten	<input type="checkbox"/> Vegetarian
Other:	

DOES ANYONE IN YOUR HOME RECEIVE ANY OF THE FOLLOWING?

- | | | |
|--|---|--|
| <input type="checkbox"/> Fuel Assistance | <input type="checkbox"/> SSDI, if yes monthly amount \$ _____ | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> SSI, if yes monthly amount \$ _____ | <input type="checkbox"/> Veteran's Aid |
| <input type="checkbox"/> Medicaid or Mass Health | <input type="checkbox"/> TANF/Welfare | <input type="checkbox"/> WIC |
| <input type="checkbox"/> SNAP (Food stamps) | <input type="checkbox"/> Other _____ | |

If you did NOT check any of the above: What is the total GROSS MONTHLY income for everyone in your HOUSEHOLD (please include social security, pension, retirement dividends, and other income)? \$ _____

Annual Household Income *This information will be kept confidential and used for data purposes only. Please check your income based on household size.*

Income Guidelines 2018-19		
✓	Household Size	Gross Income Less Than
	1	\$45,200
	2	\$51,650
	3	\$58,100
	4	\$64,550
	5	\$69,750
	6	\$74,900
	7	\$80,050
	8	\$85,250

SIGNATURE: _____ DATE: _____

WHO ELSE LIVES IN YOUR HOUSEHOLD?

FIRST & LAST NAME	BIRTH DATE	GEN- DER	RACE/ ETHNICITY	MONTHLY INCOME	RELATIONSHIP TO HEAD OF HOUSEHOLD
					<input type="checkbox"/> Spouse <input type="checkbox"/> Unmarried Partner <input type="checkbox"/> Parent <input type="checkbox"/> Son/Daughter <input type="checkbox"/> Sibling <input type="checkbox"/> Grandchild <input type="checkbox"/> Unrelated <input type="checkbox"/> Other relative: <hr/> This individual is a: <input type="checkbox"/> Veteran <input type="checkbox"/> Senior Citizen
					<input type="checkbox"/> Spouse <input type="checkbox"/> Unmarried Partner <input type="checkbox"/> Parent <input type="checkbox"/> Son/Daughter <input type="checkbox"/> Sibling <input type="checkbox"/> Grandchild <input type="checkbox"/> Unrelated <input type="checkbox"/> Other relative: <hr/> This individual is a: <input type="checkbox"/> Veteran <input type="checkbox"/> Senior Citizen
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