



## SOURCEWISE MEALS ON WHEELS CLIENT INTAKE

Client ID		Name			Birthdate		Term Date		
Address (including apartment number)									
Special Delivery Instructions									
Rural – 95023 only				Email					
Phone			Phone			Language			
Approximate Household Income \$		At or Below 100% FPL		Marital Status		Declined to State		Married	
		Above 100% FPL				Divorced		Separated	
		Declined to state				Domestic Partnership		Single	
						Widowed			
Sex at Birth		Declined	Gender		Declined		Male		Not listed, please specify
		Female			Female		Transgender F to M		
		Male			Genderqueer/Gender Non-Binary		Transgender M to F		
Sexual Orientation /Sexual Identity		Bisexual		Straight/Heterosexual			Ethnicity		Declined
		Declined		Gay/Lesbian/Same Gender Loving					Hispanic/Latino
		Questioning/Unsure		Not listed, please specify					Not Hispanic/Latino
Race	American Indian or Alaska Native			Chinese	Hawaiian	Samoan		White	
	Asian Indian			Declined	Japanese	Vietnamese			
	Black or African American			Filipino	Korean	Other Asian			
	Cambodian			Guamanian	Laotian	Other Pacific Islander			

Additional Questions	Y/N	Notes/Comments
Do you participate in any other food programs?		
Do you have a working refrigerator/freezer?		
Do you have a working microwave?		
Are you physically and mentally able to open food containers?		
Are you physically and mentally able to reheat a meal?		
Would you like to participate in the Sourcewise Ambassador Program?		
Do you have a caregiver? - If so, provide name, email, phone, days, and hours.		
Do you have a social worker? - If so, can we use them as an additional emergency contact?		
Do you live alone? - If not, who do you live with?		
Do you have any physical disabilities?		
Do you have any cognitive disabilities?		
Is your home accessible to me to make a home visit?		
Do you have any pets?		



