Please Note:
YOU MUST BRING YOUR OWN BAG

Intake Type
☐ New Client
☐ Lost Card
☐ Update

Client Intake Form

The information on this form is used only for required reporting purposes.
We do not share your information and this is **not a WSDA requirement.**

_____
Client Name: First, Last

_____
City, State, ZIP

_____ _____
Language Ethnicity

Are you homeless?
☐ Yes
☐ No

_____
Number in Household

By signing below, I **CERTIFY** that

1) My family meets the current USDA income requirements as posted by Skagit Valley Neighbors In Need
2) I agree to notify Skagit Valley Neighbors In Need of any changes in family size
3) I am declaring that members of my household are in need of this food. The food will be used for home consumption only and **WILL NOT BE SOLD, TRADED OR BARTERED**

_____ _____
Client Signature Date

The information at the bottom of this form is required by Skagit Valley Neighbors In Need **ONLY**; however you will not be denied **GOVERNMENT COMMODITIES** if you refuse to provide this information.

HOUSEHOLD MEMBERS

Note: The applicant must also include themselves in this section

(First Name, Last Name)	(YYYY-MM-DD)	(M/F)	(Check if yes)	(Check if yes)
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
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