

# Client Registration Form

Today's date: \_\_\_\_\_

Letter given: \_\_\_\_\_

**Please print your information clearly**

<b>Client name (last, First)</b>		<b>Social Security #</b>	<b>Birth Date</b>	<b>** Intake Specialist**</b>		
-----		-----	-----	<b>Other Members of Household</b>		
<b>Significant Other</b>	<b>Social Security #</b>	<b>Birth Date</b>	<b>Name</b>	<b>SSN</b>	<b>Gender</b>	<b>Birth Date</b>
<b>Home Address (Apt #)</b>						
<b>City/ State/ Zip</b>						
<b>Home Number</b>		<b>Cell Number</b>				
				***If more room needed use the back of paper***		
<b>Work Number</b>		<b>Employment and wages Information</b>			<b>Hrs Per Week</b>	<b>\$ per hour</b>
		My Place:				
<b>2<sup>nd</sup> Work Number</b>		Significant's place of employment:				
<b>Are you homeless?</b> YES NO		<b>Monthly Income</b>		<b>Monthly Expenses</b>		
<b>Is Your Dwelling a/an</b> (Circle one)		What you are paid (list below)		What You pay out (list below)		
(H) Owned House	(A) Apartment	<b>Food Stamps</b>		Housing		
(R) Rented House	(S) Shelter	Unemployment		Electric		
(T) Trailer	(O) Other (Please list)	<b>Employment 1</b>		Gas/Heating/Cooling		
		Employment 2		Water		
<b>Please Circle your Ethnicity</b>		Employment 3		Trash		
Asian	African American	Social Security		Auto Payment 1		
Caucasian	Native American	VA		Auto Payment 2		
	Other	Work comp		Auto gas or bus		
<b>How did you find out about us?</b>		Child support		Ins Car		
(C) Church (please List)		Family Support		Medical exp		
(L) Landlord (F) Friend		TANF (aka AFDC) Pay		Phone/Cell		
(S) Care & Share (O) Other (Please list)		AND payments		Laundry/ Personal Care		
		OAP Payments		Child care		
<b>Do you have a church home?</b> YES NO		SSI		Loan 1 or Food		
Please List: (optional)		SSDI		Loan 2 or Cigs		
		Other 1		Loan 3 or Tithe		
<b>Landlord Info.</b>		Other 2		Cable		
Apartment Complex Name:				Med/Dental ins.		
Office Phone:		Total		Total		
<b>Additional Notes:</b>		<b>Verified By: Initials</b>		<b>** Intake Specialist: Verification of Information **</b>		
ID						
INCOME						
ADDRESS						
I understand that <b>Connections 4 Life Center</b> expressly disclaims any implied warrants of merchantability or fitness of food for a particular use. These are no express warranties in relation to this gift of food. All food is donated to <b>Connections 4 Life Center</b> and we cannot be held liable for donated food Items. <b>"If in doubt, throw it out."</b>						
I agree to hold Connections 4 Life harmless from any claims, losses, and cause of action, law suits or obligations in regard to donated goods or food products received.						
<b>Signature:</b>			<b>Date:</b>			

**Tell us about your current situation (income vs. expenses and how this crisis happened to you.)**


**Has this type of situation happened in the past? YES NO If yes, what did you do to resolve it?**


**What other agency or agencies have you contacted for help?**


**Who and what are your support system?**


**Where are they?**


**What kind of help can and do they offer you?**


**How is this situation affecting you and your family?**


**What is and are your most critical needs today?**


**What are some other needs you have that are not so critical?**


**If you would like us to: How may we pray for you and your family tonight?**


**Connections 4 Life Center (C4L):** Provides free services on a non-discriminatory basis in regards to race, color, religion, sex, age, handicap, or national origin. **The clients may terminate services at any time.**

**Connections 4 Life Center (C4L):** Reserves the right to terminate services with any client unable to adhere to the following **Code of Conduct**. Appropriate resources will be provided to the client as needed.

**Code of Conduct:** The following behaviors are not permitted.

**Individuals who exhibit any of these behaviors will be asked to leave and may not be allowed to receive assistance in the future.**

- Using profanity, saying offensive or derogatory comments or jokes (including names or ethnic slurs) or wearing clothing with inappropriate words.
- Hitting, grabbing, or threatening others
- Smoke in line or within 15 feet of any door way
- Being under the influence of drugs or alcohol
- Inappropriate touching, restraining, or groping
- To prevent the spread of illness please cough or sneeze away from others.
- Please do not come in if you are feeling ill or knowingly carrying a virus:
  - **Thursday night FOOD PANTRY clients: You can send a note in with a friend or neighbor to pick-up your food for you.**

**Please direct complaints to Gretchen or Vicki.**

Additionally if you feel your story, after assistance, is a success story; please sign below allowing for your store to be used as an example of positive outcomes and growth and giving **Connections 4 Life Center** permission to publish those successes stories as needed, be contacted by an agency representative to tell your story. Are you willing to have your picture attached to the story if it is chosen? Yes No

Recipient signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Attach the following to this application:**

If client permission is given, capture the form after assistance is completed for client story reported

- Notice of Discontinuance
- Documentation of income (pay stubs, award letters, benefit statements, statements of hire, etc.)

**Agency Notes:** \_\_\_\_\_  
\_\_\_\_\_

<b>For Intake Specialist Notes only:</b>	<b>**How did they find out about us? **</b>
<b>Extra information given to the client:</b>	

Did I ask permission to share any personal stories? Yes No

Did I ask permission to pray with them? Yes No