

**DELTA COMMUNITY ACTION FOUNDATION, INC.
FAMILY PROFILE AND INTAKE FORM**

Applicant Name _____ Type of Assistance _____ Date of Intake _____
First Last

Address _____ City _____ State _____ Zip Code _____ Telephone Number _____ Message/Pager Number _____

All Adults in Household	D.O.B	Social Security Number	Race	Age	Sex M/F	Ed. Level	Disabled Y/N	Veteran Y/N	Health Ins. Y/N	Source of Income	Monthly Income	Relationship
1.												Applicant/Self
2.												
3.												
4.												
Children in Home												
1.												
2.												
3.												
4.												
5.												

Family Type: Two Parent _____ Single Parent Mother _____ Single Parent Father _____ Individual _____ Two Adults (no children) _____

Food Stamps: Y/N Amount: _____ Family US Citizen: Y/N

Housing: Own _____ Rent _____ Shelter _____ Homeless _____ Other _____

 In accordance with the Policies at the Oklahoma Department of Commerce, you are hereby informed that you have the right to appeal the decision made on this Application and you have the right to expeditious review of your appeal. Should you want to appeal, please contact the Executive Director of this agency, who will furnish you with a copy of the Appeals Procedure.

Do you declare that your income is no more than the income poverty guidelines? Y/N

Signature _____ Date _____

 I certify that by accepting this emergency food issuance, I disclaim any right to hold Delta Community Action or the Oklahoma City Food Bank responsible for the food. I further swear under penalty of the law that all information listed above is true to the best of my knowledge.
 Signature _____ Date _____

Funding Source _____ Check # _____ Amount Paid _____ Date Paid _____ Staff Signature _____

Comments _____

Captain Input (Date & Signature): _____ Follow-up: _____

Approval of Intake Completion (Signature): _____ Date: _____