2025 Community Center of Hope Client Intake Form

<table>
<tr><td colspan="2">Primary Contact Name (Last, First)</td><td>Phone:</td></tr>
<tr><td colspan="2">Address:</td><td>Email:</td></tr>
<tr><td colspan="2">City / Zip Code:</td><td>______________________________</td></tr>
<tr><td>Pay amount:</td><td>Frequency (Please circle)
Weekly | Bi-Weekly | Bi-Monthly | Monthly</td><td>Signature above
(By signing, I am authorizing CCH staff and volunteers to check me in for TEFAP if applicable.)</td></tr>
<tr><td>Date Completed/Updated:</td><td>Notes:</td><td>OFFICE USE ONLY
☐ TEFAP recipient
☐ STOCKBOX recipient</td></tr>
</table>

Add'l Household Members	Last Name	First Name	Gender	DOB	Ethnicity (Please circle)
PRIMARY CONTACT	*(Same as primary contact above.)*	*(Same as primary contact above.)*			(White, Black/African Am, Am Indian, Asian, Hawaiian, Hispanic, Two or more, Other or unknown)
2					(White, Black/African Am, Am Indian, Asian, Hawaiian, Hispanic, Two or more, Other or unknown)
3					(White, Black/African Am, Am Indian, Asian, Hawaiian, Hispanic, Two or more, Other or unknown)
4					(White, Black/African Am, Am Indian, Asian, Hawaiian, Hispanic, Two or more, Other or unknown)
5					(White, Black/African Am, Am Indian, Asian, Hawaiian, Hispanic, Two or more, Other or unknown)
6					(White, Black/African Am, Am Indian, Asian, Hawaiian, Hispanic, Two or more, Other or unknown)
7					(White, Black/African Am, Am Indian, Asian, Hawaiian, Hispanic, Two or more, Other or unknown)
8					(White, Black/African Am, Am Indian, Asian, Hawaiian, Hispanic, Two or more, Other or unknown)
9					(White, Black/African Am, Am Indian, Asian, Hawaiian, Hispanic,

					Two or more, Other or unknown)