**MCFRN Family Essentials Needs Program Intake Form**

1. **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(Please indicate if this is home or cell)**

1. **Number of people in household: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Does anyone in your household receive Public Assistance such as (SNAP, Medicaid, WIC etc.)** [ ]  **Yes** [ ]  **No**

**If yes, please indicate who and what program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **What other resources have you contacted?**
2. **Is anyone in your household currently employed?**
3. **Employment status?** [ ] **Full-Time** [ ] **Part-Time**

**Items needed, choose all that apply: Please note, items can only be received one time monthly. See below for available items.**

[ ] **Baby Diapers** [ ] **Razors** [ ] **Disinfectant Wipes** [ ] **Laundry Detergent**

[ ] **Baby Wipes** [ ] **All Purpose Cleaner** [ ] **Trash Bags**

[ ] **Baby Detergent** [ ] **Shampoo** [ ] **Body Wash/ Bar Soap**

[ ] **Baby Food** [ ] **Conditioner** [ ] **Deodorant**

[ ] **Baby Formula** [ ] **Toothpaste** [ ] **Toothbrush**

[ ] **Toilet Paper** [ ] **Bleach** [ ] **Pet Food:** [ ] **Dog** [ ] **Cat**

[ ] **Other items needed:**

**Program Eligibility Requirements**

**Photo ID presented?** [ ] **Yes** [ ] **No Proof of child?** [ ] **Yes** [ ] **No**

**Marion County resident?** [ ] **Yes** [ ] **No**

Signature Date