



Intake Application

OFFICE USE ONLY

BDCL Registered Parishioner Community Resident

Referral from: BDCL Member St. Vincent de Paul

Family Code: _____ Date: _____

CSM Member Signature: _____

IMPORTANT NOTICE:

Monetary, food, and other assistance is provided based on each family's individual circumstances, as well as the availability of funds and donated items.

HEAD OF HOUSEHOLD INFORMATION

Last Name: _____ First Name: _____

Address: _____

Home/Cell Phone: _____ DOB : _____

Email: _____

Preferred Method of Contact (circle one): Home Phone Cell Email

HOUSEHOLD MEMBERS (Adults 18+ other than Head of Household)

Name	Relationship	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____

HOUSEHOLD MEMBERS (Children under 18)

Name	Age	Relationship	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HOUSEHOLD INCOME

Total Monthly Household Income: \$ _____

Please indicate sources of income:

- WIC: \$ _____
- SNAP: \$ _____
- Social Security: \$ _____
- Other (please specify): \$ _____

ADDITIONAL INFORMATION

Is anyone in the household currently pregnant? Yes No

Are you interested in scheduling a monthly appointment with our Food Pantry / Care Closet?

Yes No

What is your greatest current need or concern? _____

OUTREACH PROGRAMS

Please check all that apply:

- Holiday Outreach (Thanksgiving, Christmas, Easter)
- Back-to-School Outreach (supplies and clothing assistance)
- Birthday Assistance for Child(ren)

SIGNATURE

Head of Household Signature: _____ Date _____