

WIC Clients ONLY

Check in Time:



- AHCCCS
- WIC
- Food Bank
- FTF (Classes)
- Diapers

- Medical
- Dental
- Immunizations
- Vision & Hearing

Date: _____

PERSONAL INFORMATION:

Head of Household

Last Name: _____ First Name: _____ Date of Birth: _____

Address: _____ Apt#: _____ Zip Code: _____

City: _____ Phone Number: _____

Gender: Male Female

Housing Type:

- | | | |
|--|----------------|---------------------|
| Emergency Shelter/Mission/Transitional | Private Rental | With Family/Friends |
| Evacuee | Public Housing | Youth home/Shelter |
| Own Home | Undisclosed | Refugee |
| Other | Unhoused | |

Marital Status:

- Single
- Married
- Divorced
- Separated
- Widowed
- Undisclosed

Ethnicity:

- White/Anglo
- Black/African American
- Hispanic/Latino
- American Indian/Native American
- Asian
- Alaska Native/Aleut/Eskimo
- Middle-Eastern/North-African
- Pacific Islander
- Other
- Undisclosed

Self-Identifies as:

- Disability
- Veteran
- Mental Illness
- Pregnant
- Postpartum
- Breastfeeding
- N/A
- Undisclosed
- Other
- Elderly (62+)
- LGBTQ
- Female Head of Household

Highest Education Completed:

- Grades 0-8
- Grades 9-11
- High School Diploma
- GED
- Post Secondary
- Tradeschool
- 2 Year Degree
- 4 Year Degree
- Master's Degree
- PhD
- Undisclosed

Primary Language:

- English
- Spanish
- Other: _____

Dental Insurance:

- Yes
- No

Do you have a Primary Doctor

- Yes
- No

Employment Type:

- Post Secondary Student
- Full-Time
- Part-Time
- Retired
- None
- Undisclosed
- Other

Monthly Income:

- Amount \$: _____
- Income Type: _____
- Commodity Supplemental Food Program (CSFP)
 - Supplemental Assistance WIC
 - Supplemental Nutrition Assistance Program (SNAP)
 - Cash Assistant(TANF)
 - DES Child Care Subsidy
 - Quality First Scholarship
 - Other

Medical Insurance Type:

- Employer
- Private
- AHCCCS
- Indian Health Services
- Military
- None
- Other

Child Care Type:

- My partner or I take care of my child(ren) at home
- Head Start
- Child care center/Preschool Program
- Family child care home
- Relative/neighbor or babysitter

All information is confidential. We tally number of people in each category for reporting as required by our funders. All this information helps the CARE Center with funding.

Household Member Info

First Name: _____ Last Name: _____ Date of Birth: _____

Gender:	Relationship	Ethnicity	Self-Identifies As	Medical Insurance Type:
Male	Sibling	White/Anglo	Disability	Employer
Female	Spouse	Black/African American	Veteran	Private
	Child	Hispanic/Latino	Mental Illness	AHCCCS
Child with	Parent	American Indian/Native American	Breastfeeding	Indian Health Services
Special Needs	Guardian	Asian	Pregnant	Military
Yes	Grandparent	Alaska Native/Aleut/Eskimo	Postpartum	None
No	Foster Parent	Middle-Eastern/North-African	N/A	Other
Undisclosed		Pacific Islander	Undisclosed	Dental Insurance: Y / N
		Other	Other	Primary Doctor: Y / N
Primary Language		Undisclosed	Elderly(62+)	
English			LGBTQ	
Spanish	Name of School: _____		Female Head of Household	
Other: _____				

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