NAME (LAST, FIRST	: DOB:	



Mama's Kitchen Client Intake Form

For expedited service, please ask the client to complete the attached enrollment form:

Demographic information:				
Gender:	Race (select all that apply):	Housing arrangement:		
☐ Male	☐ American Indian Alaskan Native	□ Own		
☐ Female	□ Asian	☐ Rented room		
☐ Transgender:	□ Black African American	☐ Rental housing		
	□ White	☐ Living with friends/relatives		
	□ Native Hawaiian Alaskan Native	☐ Assisted living		
Hispanic:	☐ Other (specify):	☐ Hotel/Transitional housing		
Yes No	— center (epiceng).	☐ Emergency sheltered		
	Veteran:	☐ Unsheltered		
	☐ Yes ☐ No	- I offshieldered		
	Lifes Lino			
Health Insurance information:				
ricalti insulance information.				
Do you have Medi-Cal: ☐ Yes ☐ No - Please provide your CIN number:				
Do you have Medicare: ☐ Yes ☐ No - Please provide your CIN number:				
☐ Blue Shield	□ Molina			
☐ Health Net	☐ Uninsured:			
☐ Kaiser:				
☐ United Healthcare	Other:			
	Delivery instructions:			
Select the housing type:				
☐ Apartment ☐ Condominium ☐ Duplex ☐ House ☐ Mobile Home				
Provide complex name (if applicable):				
Color of premises:] Cream □ Black □ Gray □ Blue □ E	Brown 🗖 Other (specify):		
Please provide any additional information that will help the driver find your home:				
Health plan assigned (select all that apply): Aetna				