

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: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender: _____ Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No	Race (select all that apply): <input type="checkbox"/> American Indian Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian Alaskan Native <input type="checkbox"/> Other (specify): _____ Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	Housing arrangement: <input type="checkbox"/> Own <input type="checkbox"/> Rented room <input type="checkbox"/> Rental housing <input type="checkbox"/> Living with friends/relatives <input type="checkbox"/> Assisted living <input type="checkbox"/> Hotel/Transitional housing <input type="checkbox"/> Emergency sheltered <input type="checkbox"/> Unsheltered
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Health Insurance information:

Do you have Medi-Cal: Yes No - Please provide your CIN number: _____

Do you have Medicare: Yes No - Please provide your CIN number: _____

Health plan assigned (select all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Aetna | <input type="checkbox"/> Anthem Blue Cross: |
| <input type="checkbox"/> Blue Shield | <input type="checkbox"/> Molina |
| <input type="checkbox"/> Health Net | <input type="checkbox"/> Uninsured: |
| <input type="checkbox"/> Kaiser: | <input type="checkbox"/> Unknown: |
| <input type="checkbox"/> United Healthcare | <input type="checkbox"/> Other: |

Delivery instructions:

Select the housing type:

- Apartment Condominium Duplex House Mobile Home

Provide complex name (if applicable): _____

Gate code (if applicable): _____

Color of premises: White Cream Black Gray Blue Brown Other (specify): _____

Please provide any additional information that will help the driver find your home:
