

**Portage Community Center Holiday Intake Form  
2016 Holiday Program Assistance**

<input type="checkbox"/> Thanksgiving Food Basket	<input type="checkbox"/> Christmas Food Basket	<input type="checkbox"/> Delivery Needed (Senior or Physically Disabled Only)
<input type="checkbox"/> Children's Christmas Party	<input type="checkbox"/> Holiday Adoption	

**Personal Information:**

Name: \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Please check if you are a new customer or returning

<input type="checkbox"/> New (If yes, please fill out section B)	<input type="checkbox"/> Returning( If yes, please fill out section A)
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**Section A:**

<input type="checkbox"/> I certify there are NO changes to my household income, household size, and/or contact information
<input type="checkbox"/> I need to report changes to my household (If yes, please fill out section B)

**Section B: [PROOF IS REQUIRED FOR ALL INFORMATION BELOW]**

Address: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Message phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_ Preferred contact method: Phone | Email

**HOUSEHOLD**

Household Member Name (first and last) (Primary Applicant)	Gender	Age	Date of Birth	Place of Employment or School Attending

(For additional family members continue on the back)

Are you a single parent of a child(ren) 17 and under? YES \_\_\_ NO \_\_\_; If yes, what is your gender? MALE \_\_\_ FEMALE \_\_\_

How many in your household are: Over the age of 60 \_\_\_ have a disability \_\_\_ a veteran of military services \_\_\_

**EDUCATION (Please indicate the highest level of education in the household)**

- |   |                                       |  |
|---|---------------------------------------|--|
| <input type="checkbox"/> Less than 12 <sup>th</sup> grade | <input type="checkbox"/> GED          | <input type="checkbox"/> College Degree          |
| <input type="checkbox"/> High School Diploma              | <input type="checkbox"/> Some college | <input type="checkbox"/> Masters/Doctoral Degree |

**DEMOGRAPHICS**

- |                                      |                                    |                                       |
|--------------------------------------|------------------------------------|---------------------------------------|
| ___ White                            | ___ Hispanic and White             | ___ Native Hawaiian/ Pacific Islander |
| ___ Black/African American           | ___ Hispanic and Black             | ___ Unlisted:                         |
| ___ Black/African American and White | ___ Hispanic and Asian             | _____                                 |
| ___ Asian                            | ___ American Indian/Alaskan Native |                                       |

Household Member Name (first and last)	Gender	Age	Date of Birth	Place of Employment or School Attending

**AUTHORIZATION FOR RELEASE OF PHOTOS/CUSTOMER INFORMATION & RELEASE OF LIABILITY FOR FOOD ASSISTANCE**

I, \_\_\_\_\_ (print name) hereby give authorization to the Portage Community Center, its staff, student interns and volunteers, to verify with any other service organization/agency, the information provided above. In addition, I authorize the release of information about my case to partnering agencies and organizations that may wish to verify information about my case in order to make appropriate service referrals and to coordinate service planning. I also give my permission to PCC to use any photographs and/or videos taken during the Holiday Programs to be used in any PCC publications and/or electronic formats.

Furthermore, any food that I receive from the Portage Community Center (PCC), I accept the food as is, and release both the original donor and the Portage Community Center (PCC) from any liability, damages, losses, claims, causes of action, and suits of law pertaining to the food I receive.

I have read and understand the above statement.

Signature of Recipient: \_\_\_\_\_

Date: \_\_\_\_\_

**I certify that all information I have provided is current and true. I understand that falsifying any information is grounds for termination of my relationship with the Portage Community Center.**

**Office Use Only**

Monthly income: \_\_\_\_\_

HH Size: \_\_\_\_\_

Client Median Income:

30%

50%

80%

Intake Completed by (Staff) Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Holiday Wish List



Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

## Clothing

**SHIRTS**     Need     Wish     No Thank You

Size: \_\_\_\_\_ Favorite Store/Color: \_\_\_\_\_

Circle All that Apply    *Undershirt*    *Graphic T*    *Button Up*    *Interview clothing*    *Sweater*    *Hoodie*    *PJs*    *Onesies*

Short Sleeved     Long Sleeved     No Pref.     Turtleneck     Scoop Neck     Cowl Neck     Zip Up     Pull Over

**PANTS**     Need     Wish     No Thank You

Size: \_\_\_\_\_ Favorite Store/Color: \_\_\_\_\_

Circle All that Apply:    *Jeans*    *Khakis*    *Sweats*    *Yoga Pants*    *Jogging Pants*    *PJs*    *Leggings*

Boot Cut     Skinny Jeans     Straight-leg     Loose Fit     Flare     Black     Tan     Blue

**UNDERWEAR**     Need     Wish     No Thank You

Size: \_\_\_\_\_ Favorite Store/Color: \_\_\_\_\_

Circle All that Apply:    *Boxers*    *Briefs*    *Panties*    *Thermals*    Bras: size \_\_\_\_\_

**SHOES**     Need     Wish     No Thank You

Size: \_\_\_\_\_ Favorite Store/Brand: \_\_\_\_\_

Circle All that Apply:    *Tennis Shoes*    *Work Boots*    *Steel Toe Work Boots*    *Dress Shoes [for women only: flats / heels (circle)]*

**MISC**     Need     Wish     No Thank You

Size: \_\_\_\_\_ Favorite Store: \_\_\_\_\_

Circle All that Apply:    *Scarves*    *Ties*    *Belts*    *Winter Coat*    *Snow Boots*    *Snow Pants*    *Hat*    *Gloves*

## Household

**BEDDING**     Need     Wish     No Thank You

Bedding Size: \_\_\_\_\_ Favorite Color: \_\_\_\_\_

Circle All that Apply:    *Sheet Set*    *Comforter*    *Picture Frames*    *Candles*    *Throw Blanket*

**BATHROOM**     Need     Wish     No Thank You

Brand of Personal Care: \_\_\_\_\_ Favorite Color: \_\_\_\_\_

Circle All that Apply:    *Towels*    *Washcloths*    *Soap*    *Shampoo*    *Deodorant*    *Lotion*    *Cologne/Perfume*

**KITCHEN**     Need     Wish     No Thank You

Favorite Store: \_\_\_\_\_ Favorite Color: \_\_\_\_\_

Circle All that Apply:    *Towels*    *Pots/Pans*    *Cooking Utensils*    *Pot Holders*    *Cleaning Supplies: Example* \_\_\_\_\_

## Hobbies

Favorite Sport & Sports Team(s) \_\_\_\_\_

Favorite Color(s) \_\_\_\_\_

Favorite TV show/Character \_\_\_\_\_

Movie/TV Shows \_\_\_\_\_

Music Artist(s) \_\_\_\_\_

Super Hero(s) \_\_\_\_\_

Video Game(s) \_\_\_\_\_ Console System: \_\_\_\_\_

Toy(s) \_\_\_\_\_

Toy(s) \_\_\_\_\_

Hobby/Interest \_\_\_\_\_