

BROWN BAG INTAKE FORM

CDA 1029 (REV 01/2008)

MODEL

Brown Bag Program Intake Reporting Form		Date:	
		Program Name:	
P S A Number:	AAA:		
	Person Completing Report:	E-Mail Address:	Telephone No.: ()
CLIENT INFORMATION			
Program eligibility is based on age (persons 60 years of age or older), and income.		DATE OF BIRTH:	<input type="checkbox"/> Eligible for Program
Participant incomes can be no higher than the payment amounts established by the SSA in California		MONTHLY INCOME:	
PARTICIPANT NAME (FIRST, MI, LAST):		TELEPHONE NUMBER:	
ADDRESS:			
CITY:		STATE:	ZIP CODE:
ETHNICITY: HISAPANIC/LATINO <input type="checkbox"/>			
RACE (CHECK ONLY ONE):			
<input type="checkbox"/> CAUCASIAN / WHITE <input type="checkbox"/> AFRICAN AMERICAN / BLACK <input type="checkbox"/> AMERICAN INDIAN / ALASKAN NATIVE	ASIAN: <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Cambodian <input type="checkbox"/> Korean <input type="checkbox"/> Filipino <input type="checkbox"/> Laotian <input type="checkbox"/> Japanese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian	NATIVE HAWAIIAN / PACIFIC ISLANDER: <input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander	
<input type="checkbox"/> TWO OR MORE RACES <input type="checkbox"/> SOME OTHER RACE <input type="checkbox"/> MISSING/CLIENT DECLINED			
NOTES:			