

2.) Melele ko kin eo ej bōk eddoin mweo/PROFILE:

Joñan jelālokijen eo kwar bōjrak ie /Head of Household Education Level:

- Kilaa 0-8/Grade 0-8
- Kilaa 9-11/Grade 9-11
- GED/GED
- Kadiwōjlok jen High School /High School Diploma
- College jidik/Some Post-Secondary
- Jikuul in vocational ko/Trade School/Professional Accreditation
- 2 iiō Degree/2 Year Degree
- 4 iiō Degree/ 4 Year Degree
- Degree ilo Master/Master’s Degree
- PhD/ PhD
- Jab maroñ uwaak/Undisclosed

Jerbal eo am /Head of Household Employment Type:

- Jerbal (Full-time)/Full-Time
- Jebal (Part-Time)/Part-Time
- Ij jermal ippa make/Self-Employed
- Rijikuul /Post-Secondary Student
- Ij Retired/Retired
- Ijjab jermal/Unemployed
- Ij jermal elōñlok jen juōn jermal/Working Multiple Jobs
- Ko jet /Other
- Ejjelok /None
- Ijjab maroñ jermal kin nañinmej/ Unable to Work Due to Disability
- Jab maroñ uwaak/Undisclosed

3.) JOÑAN JEEN AK KÖLLĀ EO ILO KAJOJO ALLŌÑ/MONTHLY INCOME:

Jouj im kanne jaat in ilal im kōlaajrak e jeen ak kōlla ko (mokta jen bōk tax ko) an aolep kajojo ro rej jermal ilo mweo. Likit etan aolep ro elōñ aer kōllā im likit jōnan kōlla ko aer ekkar ñan laajrak ko.

Please fill in the chart to list the Monthly Gross (Pre-Tax) Income for the entire household. Include anyone in the household that has income, listing the amount next to each source below.

Etam/First Name:						
Köllā jen Social Security/ Social Security Income	\$	\$	\$	\$	\$	\$
Köllā ikkijen nañinmej ak utamwe/ Disability Income	\$	\$	\$	\$	\$	\$
Köllā jen jermal/ Employment Income	\$	\$	\$	\$	\$	\$
Köllā jen unemployment/ Unemployment Income	\$	\$	\$	\$	\$	\$
Köllā jen Pension/ Pension	\$	\$	\$	\$	\$	\$
Ko jet (likit ilo line eo)/ Other (please specify):	\$	\$	\$	\$	\$	\$
Jab maroñ uwaak/ Undisclosed Source	\$	\$	\$	\$	\$	\$
Ejjelok köllā/ No Income						

Client Intake Form

Jouj im jeek maak e lain ko kajojo ikkijen jipaṅ kein kajojo im ro ilo mweo rej būki, ñe elōñ./Please place a check mark next to the benefit(s) that each member in the household receives, if any:

Etam/First Name:						
CSFP/Senior Boxes/CSFP/Senior Boxes						
FDPIR (Jipaṅ ko jen Tribals)/FDPIR (Tribal Benefits)						
TANF/TANF						
Medicaid/SoonerCare/Medicaid/SoonerCare						
Medicare/Medicare						
SNAP/Food Stamps/SNAP/Food Stamps						
WIC/WIC						
Jipaṅ ko an Ritarinae / Veteran Benefits						

4.) MELELE KO IKKIJEN MŌÑĀ KO/DIETARY CONSIDERATIONS

Jouj im jeek maak e ta ko im ro kajojo ilo mwe rej walok ñan er, ñe elōñ/Please list any special dietary needs in your household, if any:

- Kadōk dairy ko/Dairy Allergy
- Ritōñal/Diabetic
- Kadōk gluten ko/Gluten Allergy
- Kadōk peanut/Peanut Allergy

ARMEJ EO NAJ KŌMELIM BWE EN EBBŌK MŌÑĀ/AUTHORIZED REPRESENTATIVE (Proxy)

Armej in ej e eo enaj melim an ebbōk mōñā ñan aolep ro ilo mweo./ This person is designated to pick up food on behalf of the eligible household.

Etam /Name: _____ Talpoon/Phone: _____