



**LEAF INTAKE FORM (please print & fill out both sides)**

**FIRST NAME:** \_\_\_\_\_ **LAST NAME:** \_\_\_\_\_

**TOTAL # IN HOUSEHOLD:** \_\_\_\_\_ **TOTAL # OF CHILDREN IN HOUSEHOLD:** \_\_\_\_\_

**IS ANYONE IN THE HOUSEHOLD PREGNANT?** YES \_\_\_\_\_ NO \_\_\_\_\_

**IF YES, WHAT IS THE DUE DATE:** \_\_\_\_\_

**LIST FULL NAMES AND AGES OF ALL MEMBERS OF THE HOUSEHOLD:**

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**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**ESTIMATED TOTAL MONTHLY INCOME OF YOUR HOUSEHOLD:** \$ \_\_\_\_\_

*(include earned income, social security, disability, child support, alimony, any other income)*

By signing this form:

- I confirm that my household genuinely needs food or Basic Needs assistance.
- I release LEAF of all liability of any nature whatsoever and accept the support or products 'as is' and at my own risk.
- I understand that some food items are heavy and that I can ask a volunteer for assistance with any items.
- I understand the Basic Needs & Resource Matching program will help me find resources to meet my basic needs.

**Signature:**

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

*For LEAF use:*

*Proof of Lyons residency provided*    *Homeless/Staying with friends & family*

*Programs Utilized:*

*Lyons Community Food Pantry*    *Basic Needs & Resource Matching*    *Lyons Meals on Wheels*



### **LEAF CONFIDENTIALITY AGREEMENT**

The following is a confidentiality agreement to allow the LEAF staff to share with other agencies whatever essential information about your case that might be helpful in getting resources and to assist your individual needs. Any information will be given without discrimination and with discretion and respect for your rights.

“I hereby give my permission to any authorized representative of LEAF to supply information to or request information from other persons, agencies, or institutions pertaining to myself or my family. I release LEAF of any liability for supplying or requesting such information. This shall be in effect until I state in writing that it is no longer valid.”

Initial here to acknowledge \_\_\_\_\_

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### **LEAF CODE OF CONDUCT**

A Code of Conduct is a set of rules outlining the responsibilities and proper practices for an individual or organization. Staff, volunteers, and clients of any agency deserve to work and conduct business in a positive, supportive, respectful, and safe environment.

#### **EXPECTATIONS AND RESPONSIBILITIES:**

- I can expect to be treated professionally.
- I am responsible to treat LEAF staff, volunteers, and property with courtesy, dignity, and respect.
- I can expect to be free from discrimination of any kind.
- I understand that smoking is not allowed in the facility or anywhere on facility property.

I understand LEAF reserves the right to discontinue services. Resumption of services will be determined by a team meeting upon request and resolution of the reason for service discontinuation.

Initial here to acknowledge \_\_\_\_\_

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### **ACKNOWLEDGEMENT OF LEAF GUIDELINES**

LEAF's Food & Basic Needs Program Operating Guidelines exist to provide clear and consistent information and expectations about LEAF's programs. The complete guidelines document is available for review upon request and is also located on LEAF's website at leaflyons.org.

- The Food Pantry is open to Lyons area residents in need of food assistance.
- Basic Needs & Resource Matching provides support for basic needs and emergencies to Lyons area residents, once per 12 month period. Grant amounts are limited and can only be paid to service providers.
- Meals on Wheels home-delivered meals are available to anyone in LEAF's service area who cannot shop for or prepare at least one nutritious meal daily. Fees are based on a generous sliding scale of the client's income.

Initial here to acknowledge \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_