

ID #AGENCY

UNITED WAY OF HUNTERDON COUNTY/ AGENCY

AGENCY NAME: \_\_\_\_\_



United Way  
of Hunterdon County

### Client Intake Survey Form 2021

#### Primary Head of Household INFORMATION (Required) Your name must match ITIN/Social Security or Passport

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_ Sex (Circle): F M Non-Binary

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

City: \_\_\_\_\_ State: NJ Zip Code: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email (Required): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Marital Status (CIRCLE ONE):      Single                      Separated/Divorced                      Married                      Widowed                      Domestic Partner

Preferred Language (CIRCLE):      ENGLISH              SPANISH              ARABIC              POLISH              MANDARIN              OTHER: \_\_\_\_\_

Are you a seasonal worker? (CIRCLE):      YES      NO                      Are you a veteran? (CIRCLE)      YES      NO

Race/Ethnicity (CIRCLE):      White              Black or African American              Hispanic              Middle Eastern              American Indian or Alaska Native              Asian              Multi-ethnicity  
Native Hawaiian or Other Pacific Islander

**CIRCLE the highest degree or level of school YOU have completed:**

Less than HS      HS Diploma/GED      Technical Program/Certification      Some college      Associate      Bachelor      Masters

What kind of health coverage do you have? (CIRCLE all that apply):      None      Hospital Assistance (Charity Care/Yellow Card)      Medicaid      Medicare      Private Insurance

#### Secondary Head of Household INFORMATION (Optional)

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_ Sex (Circle): F M Non-Binary

Email (Required); \_\_\_\_\_ Cell/Alternate Phone: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Preferred Language (CIRCLE):      ENGLISH              SPANISH              ARABIC              POLISH              MANDARIN              OTHER: \_\_\_\_\_

Are you a seasonal worker (CIRCLE):      YES      NO                      Are you a veteran? (CIRCLE):      YES      NO

Race/Ethnicity (CIRCLE):      White              Black or African American              Hispanic              Middle Eastern              American Indian or Alaska Native              Asian              Multi-ethnicity  
Native Hawaiian or Other Pacific Islander

**CIRCLE the highest degree or level of school YOU have completed:**

Less than HS      HS Diploma/GED      Technical Program/Certification      Some college      Associate      Bachelor      Masters

What kind of health Coverage do you have? (CIRCLE all that apply):      None      Hospital Assistance (Charity Care/Yellow Card)      Medicaid      Medicare      Private Insurance

ID #AGENCY

UNITED WAY OF HUNTERDON COUNTY/ AGENCY

AGENCY NAME: \_\_\_\_\_



United Way of Hunterdon County

Your answers to questions below are for grant purposes only and will not impact your eligibility for this program.

**HOUSEHOLD**

**Household Income Ranges (CIRCLE ONE):**

Unemployed	\$10K-\$15K	\$16K-\$20K	\$21K-\$25K	\$26K-\$30K
\$31K-\$35K	\$36K-\$40K	\$41K-\$45K	\$46K-\$50K	\$51K-\$55K
\$56K-\$60K	\$61K-\$65K	\$66K-\$70K	\$71K-\$75K	\$76K-\$80K
\$81K-\$85K	\$86K-\$90K	\$91K-\$95K	\$95K-\$100K	\$100K+

**Do you receive Social Security Payments (CIRCLE ONE):** YES NO

**Are you paid (CIRCLE all that apply):** Cash Check Direct Deposit

**Size of Household:**

# of Children in Household: \_\_\_\_\_ # of Adults in Household: \_\_\_\_\_

**How do you plan to file your upcoming tax return? (CIRCLE ONE):**

United Way's VITA Program Self Prepare  
Friend/ Family Member Professional I do not file taxes

**What is your current living situation? (CIRCLE ONE):**

Rent an Apartment Rent a Room Own a home/Mortgage  
Live with friends/family None of these

**TECHNOLOGY**

**Do you have Internet access? CIRCLE:** YES NO

**Do you have a working: laptop? CIRCLE:** YES NO

**Do you have a working: iPad/Tablet? CIRCLE:** YES NO

**TRANSPORTATION**

**What is your means of transportation? CIRCLE ALL THAT APPLY:**

Taxi Walking Own a car Bicycle Friends Link

**HEALTH**

**Guardian 1 Guardian 2**

<b>Do you have a medical home/primary physician?</b>	YES / NO	YES / NO
<b>Have you had an annual physical within the last 2 years?</b>	YES / NO	YES / NO
<b>Have you been to a dentist in the last year?</b>	YES / NO	YES / NO

**What is your CHILD'S Health Coverage? CIRCLE ALL THAT APPLY:**

None Hospital Assistance (Charity Care/Yellow Card)  
Medicaid(NJ Family Care/Horizon) Private Insurance

**CHILDCARE**

**Do you have a child between the ages of 0-5 years? CIRCLE:** YES NO

**Are you currently pregnant? CIRCLE:** YES NO

**Do you need now, or will you need childcare in the future? CIRCLE** YES NO

**Do you use any of the following for childcare now:**

Family Member Friend or in-home childcare provided  
Childcare Center Early Head Start/Head Start None

I authorize Hunterdon County DSS to release the information contained in this request to UWHC. I understand that the information on the **following Holiday Hands Gift Request Form** will be shared with donors, except for personal information. UWHC does not guarantee that I will receive any gift(s) that are requested. I understand that UWHC will check with other holiday programs for duplication and the other group will be asked to serve my family.

**Signature:** \_\_\_\_\_

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

UNITED WAY OF HUNTERDON COUNTY/ AGENCY  
 AGENCY NAME: \_\_\_\_\_



ID #AGENCY

# Holiday Hands Gift Request 2021

ALL FORMS DUE TO UNITED WAY OF HUNTERDON COUNTY BY **OCTOBER 29, 2021**

**Mail to:** UWHC, PO Box 2290, Flemington, NJ 08822 **or Drop-off at:** 20 Fulper Rd, Flemington NJ 08822

PLEASE USE BLACK INK AND PRINT CLEARLY!

## Holiday Gift Options

- ReStore Voucher:** A \$50 voucher to the Warren County Habitat ReStore in Washington, NJ **or** Raritan Valley Habitat ReStore in Manville, NJ. These stores accept donations of NEW & USED, good condition household items and building materials and sell them to the public for a fraction of the retail price.
  - This voucher is like getting a gift card. **UWHC will not be assisting with any pickup or delivery of items** from the ReStore.
  - Children under age 10 are not eligible for a ReStore voucher.
  - Check out their website [www.rvhabitatrestore.org](http://www.rvhabitatrestore.org) (Manville) or [www.facebook.com/WCHFHStore/](http://www.facebook.com/WCHFHStore/) (Washington)
- Gift Shop at Volunteer Center:** NEW items that have been donated will be available to choose from in our “Holiday Gift Shop” at the Volunteer Center. Our Donors will be asked to purchase items that you request for children and to meet needs within the household. With this option, each person can choose \$50 per individual worth of items from the shop by appointment.
- Gift Card:** If your preference is to only receive a gift card, please choose this option.
  - Children under age 10 are not eligible for gift cards.
  - We cannot guarantee the availability of gift cards to certain stores- we will do our best to provide a gift card that matches your needs.

## Adults and Children in Household

First Name	Last Name	DOB (MM/DD/YYYY)	Relationship to Guardian 1/HOH	Pick 1: Check your preference		
			Self	<input type="checkbox"/> ReStore voucher	<input type="checkbox"/> Gift Shop @ VC	<input type="checkbox"/> Gift Card
				<input type="checkbox"/> ReStore voucher	<input type="checkbox"/> Gift Shop @ VC	<input type="checkbox"/> Gift Card
				<input type="checkbox"/> ReStore voucher	<input type="checkbox"/> Gift Shop @ VC	<input type="checkbox"/> Gift Card
				<input type="checkbox"/> ReStore voucher	<input type="checkbox"/> Gift Shop @ VC	<input type="checkbox"/> Gift Card
				<input type="checkbox"/> ReStore voucher	<input type="checkbox"/> Gift Shop @ VC	<input type="checkbox"/> Gift Card
				<input type="checkbox"/> ReStore voucher	<input type="checkbox"/> Gift Shop @ VC	<input type="checkbox"/> Gift Card
				<input type="checkbox"/> ReStore voucher	<input type="checkbox"/> Gift Shop @ VC	<input type="checkbox"/> Gift Card
				<input type="checkbox"/> ReStore voucher	<input type="checkbox"/> Gift Shop @ VC	<input type="checkbox"/> Gift Card

Restore Voucher Location Preference:  Washington or  Manville

UNITED WAY OF HUNTERDON COUNTY/ AGENCY  
 AGENCY NAME: \_\_\_\_\_



ID #AGENCY

**Let us know what you would like to see stocked in our 'Holiday Gift Shop'!**

**Items listed below should cost \$50 or less.**

Items most requested by your children	Item most needed for your household
1.	1.
2.	2.
3.	3.
4.	4.

There is no guarantee that these items listed above will be available at the Holiday Gift Shop, but we want to make sure donors are purchasing items that families are in need of this season.

**Tell us a bit about yourself/your family**

**What do you want our donors to know about you/your family?** Your response will let donors know why families like yours need their assistance this holiday season. Your name will not be shared with donors.

---



---



---



---



---

**OFFICE USE ONLY**

Entered Data: \_\_\_\_\_  
(date) (initials)

**PICK UP INFO**

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

Time: \_\_\_\_\_

Client Signature: \_\_\_\_\_

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