



2020 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:

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PHONE: _____ **EMAIL:** _____

By signing this form:

- I confirm that my household genuinely needs assistance from LEAF.
- 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 I can find LEAF's Food and Basic Needs Programs Operating Guidelines on LEAF's website or as a hard copy upon request.

Signature: _____

Date: _____

For LEAF use:

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

Programs Referred

Lyons Community Food Pantry *Basic Needs & Resource Matching*

Lyons Meals on Wheels *Mental Wellness & Addiction Recovery*



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 This shall be in effect until I state in writing that it is no longer valid.”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 _____

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 _____

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 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 can provide support or resource referrals 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 _____

Signature _____ Date _____