**Food Outreach**
*3117 Olive Street*
*St. Louis, MO 63103*
***314-652-3663***
***314-652-3673 fax***

# HIV/AIDS Client Intake Form

**Name:**

**Today's Date:** Referral valid for 6 months from this date

**DOB:**

**Address:**

**Name on lease/mortgage:**

**City:**

**State:**

**Zip:**

**Phone:**

**Alternate Phone:**

**DCN/Ryan White Number:**

**SSN:**

**Gender:**
[ ] Male
[ ] Female
[ ] Transgender

**Race:**
[ ] Black/African Amer. [ ] White [ ] Asian
[ ] Am.Native/Alaskan Native
[ ] Native Hawaiian/Pacific Islander
[ ] Am. Indian/Alaskan Native & White [ ] Asian & White [ ] Black/African American & White [ ] Amer. Ind./Alaskan Nat. & Black [ ] Other Multi-Racial [ ] Other [ ] Unknown

**Ethnicity:**
[ ] Hispanic
[ ] Non-Hispanic

**Desired Pantry Access:**
[ ] Food Outreach [ ] MadCAP

**Ryan White Eligible: [ ] Yes [ ] No**

**Status:** [ ] HIV [ ] AIDS

**Diagnosis date:**

**CD4:**

**Test Date:**

**Viral Load:**

**Test Date:**

**TB Test:** [ ] Positive [ ] Negative

**TB Test Date:**

**Receiving Food Stamps:**
[ ] Yes [ ] No

**Food Stamp Amount:**

**Number of dependants living in household/ages:**

**HIV/AIDS Adult Risk Factor:**
[ ] Men who have sex with men (MSM)
[ ] Injection Drug User (IDU) [ ] MSM and IDU
[ ] Hemophilia [ ] Heterosexual (male and female)
[ ] Blood Transfusion [ ] Unknown [ ] Other

**HIV/AIDS Pediatric Risk Factor:**
[ ] Sexual Abuse [ ] Perinatal transmission
[ ] Hemophilia [ ] Unknown [ ] Other

**Medicaid:**
[ ] Yes [ ] No [ ] Applied [ ] Spend down
[ ] Unknown [ ] MC+

**Medicare:**
[ ] Part A [ ] Part B

**Other Insurance Company:**

**Case Manager:**

**Agency:**

**Phone:**

**HIV/AIDS Physician:**

**Clinic:**

**Phone:**

**Household Income Amount:**____________
**Percent Below Poverty:** [ ] 300% [ ] 200% [ ] 100%
[ ] No [ ] Client refused to report [ ] Unknown

**Please describe any special needs or circumstances including food allergies and/or special diets:**

**<u>NOTE:</u> Once referral has been received, client or case worker must call to schedule intake appointment. 314-652-3663 Dietitian: x112 Director of Client Services: x111**