



Saint Therese Center

Client Intake Sheet

All information will be kept confidential.
Only numbers are used for totals and reports.

Client Number Assigned _____

Today's Date _____ Date of Birth _____ Sex Male Female

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip Code _____ County _____

Home Phone _____ Okay to call you at Home? Yes No

Work Phone _____ Okay to call you at Work? Yes No

Do you wish to receive our Center Newsletter? Name on Mailing List Yes No

Would you like to receive Volunteer Information on Saint Therese Center? Yes No

Service Status

- HIV+ Asymptomatic HIV+ Symptomatic AIDS Friend
- Companion/Spouse Family Member Volunteer
- Other, please specify: _____

Ethnicity African American Caucasian Hispanic
 Native American Pacific Islander Other _____

Who referred you to Saint Therese Center? _____

What languages do you read and write? English Spanish Other: _____

Family Size _____ Your Actual Monthly Income _____

Do you have insurance? Yes No Insurance Company _____ Policy # _____

Physician's Name _____ Phone Number _____

Case Manager _____ Agency _____

I _____ consent to services provided by the Saint Therese Center.

Print your name here.

Signature _____

Date _____

See reverse side...

RELEASE OF INFORMATION

I hereby grant permission for the Saint Therese Center to release my records for audit or reporting purposes to the Clark County Department of Public Health. I further grant permission for my records to be viewed by a peer review committee for monitoring of program quality. This release shall be valid for up to five years from the date on this form. I certify that the information included on this form is true and accurate.

_____ Date

_____ Signature

CLIENT GUIDELINES

- Clients are welcome to use the pantry once a week during a visit to the center. The exception to this rule is for homeless clients who cannot be expected to carry around a week's supply of food at the same time.
- The pantry is for the individual client needs and their immediate family members who live in the same household, not the entire neighborhood. We ask the clients take only what they will need and use.
- A volunteer will help the client in the pantry and make suggestions and possible cooking ideas. We ask that clients do not open boxes or containers.
- The pantry storerooms and kitchen are off-limits for clients and shopping availability and we ask you to observe and follow this rule.
- Respect for each other is a courtesy that will be enforced, if you make a mess, we ask you to clean up your own mess. Help us, help you!
- If you leave your canned goods or food items unattended, we are not responsible if someone else removes them or takes them.
- You are welcome to take what you need – there may be restrictions on specific items, as to allow for more people to benefit from the abundance we may have. Clients who take food and then sell it will lose their privilege of using the pantry on their visits to the Saint Therese Center HIV Outreach.

For Saint Therese Center Staff use only:

Client has proof of HIV status on file _____

Client has income verification on file _____

This Intake Sheet reviewed by:

Date: _____ Name: _____ Agency: _____ Reason: _____



Saint Therese Center HIV Outreach

mailing address: P.O. Box 90625, Henderson, NV 89009-0625

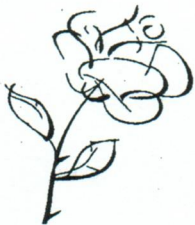
email: aidsproject@dioceseoflasvegas.org

website: www.sainttheresecenter.org

Acknowledgement of Responsibility and Waiver Food Pantry Access and Use

Main Campus

100 East Lake Mead Pkwy.
on the de Lima Campus
of St. Rose Dominican
Hospitals at
Lake Mead & Boulder Hwy.
8:00 a.m. to 3:00 p.m.
Monday - Thursday
8:00 a.m. to Noon Friday
Phone: 702-564-4224
Fax: 702-564-0604



West Las Vegas Campus

8280 West Warm Springs Rd.
in the San Martin Hospital
Suite # G3022
215 Freeway & Durango Dr.
8:00 a.m. to 3:00 p.m.
Monday - Thursday
8:00 a.m. to Noon Friday
Phone: 702-564-4224
Fax: 702-564-0604



Executive Office & Storage

215 Palo Verde
Boulder Hwy. & Palo Verde
Please call first to see if
someone is at the office or
storage facility
Phone: 702-564-4224

I, _____ assume all responsibility for any and all
Client's PRINTED Name
injuries to any person(s) or property, which results, in whole or in part, from use of
the items I receive from the Saint Therese Center HIV Outreach Food Pantry. I
agree to provide proper supervision for all items as outlined on the attached form,
of which I have received a personal copy. I understand that the Saint Therese
Center, its staff and/or the Roman Catholic Bishop of Las Vegas, a corporation
sole, make no warranties with respect to any materials received.

I understand that these items have been donated, some close to, or on, their
expiration date, and acknowledge that I am not purchasing these items from either
the Saint Therese Center HIV Outreach or Roman Catholic Bishop of Las Vegas, a
corporation sole, and entities (Food Stores, Food Banks, Warehouses and Food
Companies) are not selling these items to me. I further acknowledge and
understand that these items may not have instructions, however, I agree to read any
accompanying instructions and agree to use reasonable care, or will provide
supervision such that my family member uses reasonable care in the usage of
product or materials donated and received.

Upon signing this agreement, my family and I expressly release and hold harmless
the Saint Therese Center, its staff and/or the Roman Catholic Bishop of Las Vegas,
a corporation sole, from any and all responsibility and liability, including, but not
limited to, any and all claims for injuries or damages, including property damage,
which result from use of any materials donated which I have received, whether the
liability be premised in negligence, strict liability, warranty or otherwise.

I have read the foregoing and received a copy of "Interpreting Label Dates" and
verify that the materials I receive from the Saint Therese Center HIV Outreach is
sealed, clean, labeled and in good working order.

Client's Signature _____ Date: _____

Address: _____ City: _____

Telephone Number _____

STC Staff Signature _____ Date: _____

Please Note: This waiver has no expiration date as long
as you are a client and receiving food from the Pantry.

INTERPRETING LABEL DATES

EXPIRATION OR "USE BY" DATE: Last day the product should be eaten or used for assured quality.

- Phrase most often used: "Do not use after (date)."
- Includes baby formula and baby foods.

FRESHNESS OR "SELL BY" DATE: Last recommended date of sale that allows ample home storage time.

- Phrase most often used: "Sell by (date)."
- Includes milk, yogurt, and eggs.

"BEST IF USED BY" DATE: Date after which a product is not likely to be at peak quality or flavor.

- Includes prepared packaged foods, Rice/Soy Dream, and most dry goods.

Product	Throw Out After
Milk*	4 – 7 days past stamped date
Yogurt*	7 – 10 days passed stamped date
Soft Cheeses * (cottage, cream, ricotta)	1 week past stamped date
Hard Cheeses* (cheddar, Swiss)	3 – 4 weeks past stamped date
Luncheon Meat*	4 – 6 days unopened, 3 – 5 days if opened
Powdered Milk*	6 months past date if refrigerated
Eggs*	3 – 5 weeks past stamped date
Dry cereal	6 – 12 months unopened
Food in Jars	12 months past stamped date
Canned Foods <ul style="list-style-type: none"> • Acidic (tomato products) • Non-acidic (vegetables, soups) 	12 months 2 – 5 years
Bread Products	7 days after date if refrigerated at first
Rice/Pasta (dry)	1 year after receiving

***All refrigerated products must be kept at 40° F or cooler at all times**

Request for Pantry Certificates

Saint Therese Center HIV Outreach 2015

Today's Date _____ Client Number _____ Sex Male Female

Name _____ Phone _____

Reference to _____

Address _____ City _____ ZIP _____

Social Security # _____ Date of Birth _____

Monthly Income _____ Source of Income _____

Family Size _____ Do you receive Food Stamps? Yes No Amount \$ _____

Proof of HIV Status MUST be on file. Does Saint Therese Center have that documentation?

Yes No

Saint Therese Center Office use only:

Date _____ Certificate # _____ Store _____ Amount \$ _____

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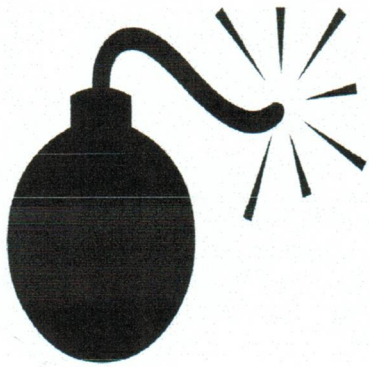
Date _____ Certificate # _____ Store _____ Amount \$ _____

Date _____ Certificate # _____ Store _____ Amount \$ _____

Date _____ Certificate # _____ Store _____ Amount \$ _____

Date _____ Certificate # _____ Store _____ Amount \$ _____

Other: _____



Emergency Information

Information here is provided for emergency use only.

In the event that I am ill (in a coma) or tragically harmed, killed or dead—I give Saint Therese Center the following information to contact a nearest living relative or friend—especially when a hospital or funeral home is asking Saint Therese Center for help.

My Name _____ Phone Number _____

Person to Contact:

Name _____

Address _____

City, State, Zip _____

Phone Number(s)

Area Code _____ Phone Number _____

Area Code _____ Phone Number _____

Special Instructions or Notes: _____
