

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

Intake initials: \_\_\_\_\_

Client #: \_\_\_\_\_

## PROGRAM REGISTRATION

### Monthly Gross Income levels for Support Services

|                            |          |          |          |          |          |          |          |          |
|----------------------------|----------|----------|----------|----------|----------|----------|----------|----------|
| People in Household        | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> | <b>6</b> | <b>7</b> | <b>8</b> |
| Emergency Food<br>185% FPL | \$1,859  | \$2,504  | \$3,148  | \$3,793  | \$4,437  | \$5,081  | \$5,726  | \$6,370  |

Name: \_\_\_\_\_  

Last name
First name
Middle initial

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Telephone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Total number of household members: \_\_\_\_\_ Referral Agency \_\_\_\_\_

Please use these abbreviations to indicate race for each household member (for statistical purposes only):

C = White/Caucasian

A = Black/African American

H = Hispanic/Latino

AI/AN = American Indian/Alaskan Native

O = Mixed Race/Other

AS/PI= Asian/Pacific Islander

**All Household Members**

(Please include client listed above)

| Name: Last, First, MI | Date of Birth | M/F  | Race | Employed? | Served<br>Military? | Relationship |
|-----------------------|---------------|------|------|-----------|---------------------|--------------|
| _____                 | _/_/____      | ____ | ____ | Y/N       | Y/N                 | _____        |
| _____                 | _/_/____      | ____ | ____ | Y/N       | Y/N                 | _____        |
| _____                 | _/_/____      | ____ | ____ | Y/N       | Y/N                 | _____        |
| _____                 | _/_/____      | ____ | ____ | Y/N       | Y/N                 | _____        |
| _____                 | _/_/____      | ____ | ____ | Y/N       | Y/N                 | _____        |
| _____                 | _/_/____      | ____ | ____ | Y/N       | Y/N                 | _____        |
| _____                 | _/_/____      | ____ | ____ | Y/N       | Y/N                 | _____        |
| _____                 | _/_/____      | ____ | ____ | Y/N       | Y/N                 | _____        |

What is your monthly gross household income? \$ \_\_\_\_\_

What is your housing type?     Rent                       Live with Relative                       Transitional  
    Own                               Live with Non-Relative                       Homeless

Do you receive any of the following?     Child Support                       Disability Benefits  
    Unemployment Compensation                       Social Security Benefits

What is your preferred language? \_\_\_\_\_

Are you receiving food stamps?     Yes     No                      Are you enrolled in WIC?     Yes     No

Do you have health insurance for yourself?                       Yes     No

Are you a single female head of the household (at least 1 child under 18)?                       Yes     No

Is anyone in the household disabled?                       Yes     No

### LOAVES & FISHES DISTRIBUTION CONDITIONS

1. I accept the groceries and supplies donated to me, understanding that these items are for the exclusive use of my household needs. I will not give away or sell these items.
2. I accept these donated items as a "Good Samaritan Act" and agree to hold harmless Loaves & Fishes Community Services and any and all directors, staff, volunteers and suppliers of Loaves & Fishes.
3. I understand that giving false information or failing to provide complete information can result in loss of pantry privileges.
4. I consent that the information collected at Loaves & Fishes may be confidentially shared with other community resource network members through collective data measurements for referral and advancement purposes.
5. I agree to these conditions on this day and at any further time I request support services from the pantry.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Administrative Notes: