Loaves&Fishes Community Services

PROGRAM REGISTRATION

DATE _____ INTAKE INITIALS _____

CLIENT #_____

Monthly Gross Income Levels for Support Services

People in household	1	2	3	4	5	6	7	8
Emergency Food 185% FPL	$1,872	$2,538	$3,204	$3,870	$4,563	$5,201	$5,868	$6,534

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, Middle	Date of Birth (M/D/Y)	M/F	Race	Employed?	Served 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	
				☒Y ☒N	☒Y ☒N	

What is your monthly gross household income?

$ _____

What is your housing type?

☒ Rent ☒ Own

☒ Live with Relative ☒ Live with Non-Relative

☒ Transitional ☒ Homeless

Do you receive any of the following?

☒ Child Support ☒ Disability Benefits

☒ Social Security Benefits ☒ Unemployment Compensation

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 Community Services 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