



Home Delivery Program Application

DATE _____ CLIENT # _____

Monthly Gross Income Levels for Support Services

People in household	1	2	3	4	5	6	7	8
Emergency Food 185% FPL	\$1,926	\$2,607	\$3,289	\$3,970	\$4,652	\$5,333	\$6,015	\$6,696

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	_____
_____	_____	___	___	Y	N	Y	N	_____

What is your monthly gross household income?

\$ _____

What is your preferred language? _____

What is your housing type?

- | | |
|--------------------|------------------------|
| Rent | Own |
| Live with Relative | Live with Non-Relative |
| Transitional | Homeless |

Are you receiving food stamps? Yes No

Do you have health insurance for yourself?

Yes No

What is your level of education?

- | | |
|-------------------|-----------------|
| High School level | GED |
| Some college | Advanced Degree |

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

Notes or circumstances for consideration:

Loaves & Fishes Community Services Distribution Conditions

1. I accept the food 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 donations.
2. I accept these donated items as a "Good Samaritan Act" and agree to hold harmless Loaves & Fishes Community Pantry and any and all directors, staff, volunteers and suppliers of the pantry.
3. I understand that giving false information or failing to provide complete information can result in prosecution for fraud and/or 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 _____