

 **Administrative Only:**

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

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

 **HOME DELIVERY**

**PROGRAM APPLICATION**

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 |

**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 Date of Served**

**Name: Last, First, MI Birth M/F Race Employed? Military? Relationship\_\_**

\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_ \_\_\_\_ \_\_\_\_ Y / N Y/ N \_\_\_\_**Client\***\_\_\_

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

**What is your housing type? \_\_\_\_\_ Rent \_\_\_\_\_ Live with Relative \_\_\_\_\_ Transitional**

**\_\_\_\_\_ Own \_\_\_\_\_ Live with Non-Relative \_\_\_\_\_ Homeless**

**What is your level of education? \_\_\_\_\_ High School level \_\_\_\_\_ GED**

** \_\_\_\_\_ Some college \_\_\_\_\_ Advanced degree**

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

**Are you receiving food stamps? \_\_\_\_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**

Notes or circumstances for consideration:

**LOAVES & FISHES 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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**7.1.2019**