

TWO RIVERS HEAD START AGENCY CSBG FOOD PANTRY INTAKE FORM

APPLICANT AND FAMILY INFORMATION

Last Name _____ First Name _____

Street Address _____ Apt. # _____ City _____ Zip _____

Telephone _____ E-mail address (if applicable) _____

Do you or anyone in your family receive Food Stamps? YES NO If yes, how much per month? _____

FAMILY DEMOGRAPHICS KEY (circle below what applies to your family)

No. of People in Family: _____

Monthly Rent or Mortgage Cost \$ _____

FAMILY TYPE (PRESENT TIME)	HOUSING STATUS	DWELLING TYPE
SINGLE PARENT TWO PARENT FAMILY FOSTER PARENTS COUPLE/NO CHILD SINGLE PERSON OTHER _____	RENTER If renter, do you receive Section 8/Subsidized rent? (Y/ N) OWNERS HOMELESS (with roof) Explain _____ HOMELESS (without roof) If homeless, have you stayed in a shelter in the past 90 days? (Y/N)	SINGLE FAMILY HOME APARTMENT (# of apartments in building __2-4 __5-10 __11 or more) MOBILE HOME SINGLE ROOM OCCUPANCY

FAMILY INFORMATION

Names	Birth Dates	Age	Veteran Yes or No	Disabled Yes or No	Sex	Health Insurance (medical card, private, none)	Race (Black, Hisp, White, etc).	Highest Level of Education	Relationship to Head of Household
									SELF

APPLICATION AFFIRMATION AND AUTHORIZATION TO VERIFY INFORMATION

APPLICANTS STATEMENT: I certify that the above information is an accurate and complete disclosure of the requested information. I hereby acknowledge that the information relating to determination of my eligibility requires verification and/or documentation, and by my signature, I authorize others to release such information as may be required for determination of my eligibility.

Signature of Applicant _____ Date: _____

Intake Worker Signature _____ Date: _____