UTICA FOOD PANTRY

FAMILY/INDIVIDUAL INTAKE FORM

Please take a moment to answer all questions so that we may serve you better. We are required to obtain the following information from our clients for funding and reporting purposes; however, we will serve anyone in need regardless of ethnicity, race, color, national origin, sex, age, disability or political beliefs. This information is confidential and will not have a negative effect on services provided to you.

CLIENT DOCUMENTATION (*Please print clearly)*

New Client: □ YES □ NO Existing Client: □ YES □ NO Household ID #_____
(Office Use Only)

Today's Date _____

First Name:_____ Last Name: _____

Type of ID:

☐ Driver's License ☐ Photo ID card ☐ Permanent resident card
☐ Birth Certificate ☐ Military ID ☐ Immigration (USCIS) documents
☐ Citizenship or Naturalization certificate

*Social Security Cards are not an acceptable form of identification.

Address:_____
City:_____ Zip Code: _____
Phone:_____

Type of address verification:

☐ Phone, cable or utility bill □ any U.S. mail with the applicant's name and street address postmarked dated within 30 days of application

HOUSEHOLD INFORMATION (*Please answer all questions)*

Total # of individuals living in your household: _____

Total # of adults ages 18 to 55 in your household: _____
Total # of seniors over age 55 in your household: _____
Total # of children under age 18 in your household: _____

**I certify all statements are true and accurate to the best of my knowledge and that, as of today children under age 18 are living in my household and will benefit from services provided by this organization.*
APPLICANT SIGNATURE_____ DATE _____

How would you best describe your employment status? *(Please check all that apply)*

☐ Employed ☐ Unemployed ☐ Retired ☐ Disabled ☐ Student

Is this your first time receiving food this year? □ YES □ NO

What is your estimated total monthly income? $_____

DEMOGRAPHIC INFORMATION

Which best describes your household? *(Please check one)*

☐ Single parent, HOH (female) ☐ Single parent, HOH (male)
☐ 2+Adults w/children ☐ 2 parent family
☐ Single Adult(s) ☐ Married (no children)

Optional – How would you best describe yourself? *(This section is optional and used solely for funding purposes, it will not affect services you receive today.)*

☐ African American ☐ Asian American ☐ Hispanic ☐ Caucasian/White
☐ Native American ☐ Other

GENERAL QUESTIONAIRE *(Please check all that apply)*

Are you homeless? ☐ YES ☐ NO
Are you disabled? ☐ YES ☐ NO

Please check all public benefit programs you are currently participating in:

☐ SNAP (former food stamp program) ☐ WIC
☐ HEAP (energy assistance) ☐ Temporary Assistance for Needy Families (TANF)
☐ Section 8 (housing assistance) ☐ Medicaid/Medicare
☐ Unemployment Insurance ☐ Free & Reduced Priced Lunches
☐ Social Security/SSI

Would you like more information about any of the public benefit programs listed above?

☐ YES ☐ NO

DIETARY NEEDS (*Please check all that apply)*

Does anyone in your household have special dietary needs such as:

☐ Low salt ☐ Low sugar ☐ Diabetic ☐ Lactose intolerant ☐ Vegetarian
☐ Pregnant ☐ Taking certain medications ☐ Food allergies *(specify)* _____
☐ Other *(please specify)* _____

HEAD OF HOUSEHOLD	DOB	PROOF OF IDENTITY

PRINT ONLY

MEMBER OF HOUSEHOLD	RELATIONSHIP	DOB	PROOF OF IDENTITY
Total in Household: Children (0-17) _____ Adults (18-64) _____ Seniors (65+) _____			

This table below shows a yearly gross income for each family size. If your household is at or below the income listed for the number of people in your household, you are eligible to receive food.

Income			
Household Size	**Annually**	**Monthly**	**Weekly**
1	23,106	1,925	444
2	31,283	2,606	602
3	39,283	3,288	759
4	47,637	3,969	916
5	55,814	4,651	1,073
6	63,991	5,332	1,230
Each Additional add	8,177	681	157

By signing below, I declare that my income from all sources does not exceed 185% of the federal poverty level as listed above for my household size. I understand that these records will be held in confidence at this distribution site but may be released the New York State Office of General Service or the United State Department of Agriculture for review upon their request.

APPLICANT SIGNATURE_____ **DATE** _____