

INTERFAITH FOOD PANTRY
GROCERY ASSISTANCE PROGRAM APPLICATION

CLIENT NAME _____ /_____/_____
 LAST FIRST SS # (IF ANY) AGE DOB OCCUPATION

CLIENT ADDRESS _____
 STREET APT/FL/PO TOWN ZIP PHONE E-MAIL COUNTRY OF BIRTH

RACE _____ SEX _____ MARITAL STATUS _____ NATIVE LANGUAGE _____ SPECIAL FOOD NEEDS (DIABETIC, ETC.) _____

(If someone else will be regularly picking up your food) SECOND NAME ON CARD _____ /_____/_____
 LAST FIRST SS # (IF ANY)

OTHER MEMBERS

PLEASE LIST ONLY OTHER MEMBERS OF APPLICANTS FAMILY LIVING AT SAME ADDRESS WHO ARE APPLYING FOR FOOD

	<u>FIRST</u>	<u>MI</u>	<u>LAST</u>	<u>RELATIONSHIP</u>	<u>AGE</u>	<u>DOB</u>	<u>OCCUPATION</u>
1.	_____	_____	_____	_____	_____	____/____/____	_____
2.	_____	_____	_____	_____	_____	____/____/____	_____
3.	_____	_____	_____	_____	_____	____/____/____	_____
4.	_____	_____	_____	_____	_____	____/____/____	_____
5.	_____	_____	_____	_____	_____	____/____/____	_____
6.	_____	_____	_____	_____	_____	____/____/____	_____
7.	_____	_____	_____	_____	_____	____/____/____	_____

TOTAL HOUSEHOLD GROSS MONTHLY INCOME - MUST INCLUDE INFO ON ALL LISTED ABOVE

	Salary	Unem- ployment	Social Security	SSI	SSD/Dis.	Pension	Child Supp/ Alimony	TANF [] GA []	Food Stamps	Medi caid	Other	Explain other income
Applicant										Y / N		
1.										Y / N		
2.										Y / N		
3.										Y / N		
4.										Y / N		
5.										Y / N		
6.										Y / N		
7.										Y / N		
TOTAL										Y / N		

PLEASE ANSWER ALL THE FOLLOWING QUESTIONS

Do you rent apt. [] rent room [] own home [] live in a shelter [] Section 8 () Public Housing () other [] _____

What caused you to need food assistance? recently lost job [] had work hours reduced [] no recent change but income does not cover expenses [] became disabled/seriously ill [] other [] please explain (If you have any unusual expenses or circumstances that you would like to tell us about please do so here) _____

Are you in danger of losing your housing? No [] Yes [] If yes, why? _____

How did you hear about the Interfaith Food Pantry? _____

Church/Temple/Mosque attended (if any – information will not be shared) _____ Town _____

MONTHLY EXPENSES

Please answer all questions - put none or "0" where appropriate.

Rent/Mortgage you pay yourself \$/Month _____

Electric \$/Month _____

Gas/Oil \$/Month _____

Medical insurance \$/Month _____

Other medical expenses \$/Month _____

Car insurance \$/Month _____

Car payment \$/Month _____

Childcare \$/Month _____

Payroll Taxes \$/Month _____

Telephone \$/Month _____

Cable \$/Month _____

Other – List each and explain \$ _____

\$ _____

OTHER INFORMATION		
Do you get rental assistance? Y N	From? _____	How much? _____
Do you get HEA assistance?(Heat)	Y	N
Do you get USF assistance? (Gas bill-electrical bill or both)	Y	N
Do you get Cooling assistance? (Medical Air condition)	Y	N

IN CASE OF EMERGENCY

Primary Contact _____

NAME RELATIONSHIP PHONE #

Secondary Contact _____

NAME RELATIONSHIP PHONE #

RELEASE FORM

I certify that all information I provided is true. I understand that I am authorizing the IFP staff to receive information from any agency listed on this form to verify my income and need . I further authorize them to release any information necessary to help them secure additional assistance for me or my family.

Client Signature _____ Date _____ Interviewer _____

Interviewer comments: _____

IFP STAFF USE ONLY

Reviewer _____ Date _____ Status eligible [] pending [] ineligible [] Reapplication [] Updated app []

If not eligible why? POI [] POA [] BC [] +inc [] not MC [] other _____

PU day assigned 1st Tu AM [] 1st Wed AM [] 1st Wed Eve [] 1st Th AM [] 1st Th PM [] 1st Sat [] Home Delivery []

2nd Tu AM [] 2nd Wed AM [] 2nd Wed Eve [] 2nd Th AM [] 2nd Th PM [] 2nd Sat [] Disable [] Elderly []

3rd Tu AM [] 3rd Wed AM [] 3rd Wed Eve [] 3rd Th AM [] 3rd Th PM [] 3rd Sat [] Ill [] No Transportation []

4th Tu AM [] 4th Wed AM [] 4th Wed Eve [] 4th Th AM [] 4th Th PM [] 4th Sat [] Other [] Mental Health []

Comments: _____

