

PLEASE COMPLETE ALL BOXES AS COMPLETELY AS POSSIBLE.

Pantry Intake & Consent Form

Circle One **2019 Federal Poverty Guidelines**

Household Size	125% Monthly	125% Annual
1	\$1,301	\$15,613
2	\$1,761	\$21,138
3	\$2,222	\$26,663
4	\$2,682	\$32,188
5	\$3,143	\$37,713
6	\$3,603	\$43,238

APPLICANT

Address _____		P.O. _____	
City _____		State _____	Zip Code _____

LAST NAME _____	FIRST NAME _____	MIDDLE INITIAL _____	
DATE OF BIRTH _____ / _____ / _____	MONTH	DAY	YEAR
EMAIL: _____			
GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female	DISABILITY: <input type="checkbox"/> Yes <input type="checkbox"/> No	VETERAN: <input type="checkbox"/> Yes <input type="checkbox"/> No	
RACE: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other			
ETHNICITY: <input type="checkbox"/> Hispanic or Latin <input type="checkbox"/> Not Hispanic or Latin			
FAMILY TYPE: (Choose One) <input type="checkbox"/> Single <input type="checkbox"/> Single Parent/Female <input type="checkbox"/> Single Parent/Male <input type="checkbox"/> Married (w/children) <input type="checkbox"/> Married (no children) <input type="checkbox"/> Single w/Partner <input type="checkbox"/> Multiple Adults (living w/children) <input type="checkbox"/> Multiple Adults (no children) <input type="checkbox"/> Grandparent (raising Grandchildren) <input type="checkbox"/> Other			
HEALTH INSURANCE: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Private <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> CHIP <input type="checkbox"/> PCN			
EDUCATION: <input type="checkbox"/> High School Grad <input type="checkbox"/> GED <input type="checkbox"/> 9th or less <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> 12+ (Post Secondary) Some College <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelors Degree <input type="checkbox"/> Child Grade _____			
IS THIS PERSON ABLE TO WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No			
EMPLOYMENT STATUS: <input type="checkbox"/> Un-Employed <input type="checkbox"/> Full-Time			
INCOME: \$ _____ <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual			
ADDITIONAL SOURCES OF INCOME:			
Source	Amount		

TODAY'S INTAKE DATE: _____

Phone Number: _____
LIVING ARRANGEMENT: Rent: \$ _____
<input type="checkbox"/> Rent Subsidized <input type="checkbox"/> Own <input type="checkbox"/> w/Friends & Family <input type="checkbox"/> Homeless

DOES ANYONE IN HOUSEHOLD HAVE?	
• Food Stamps	<input type="checkbox"/> Yes <input type="checkbox"/> No
• WIC	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Free School Lunch	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Medicaid	<input type="checkbox"/> Yes <input type="checkbox"/> No

CURRENT VEHICLE: Make _____
Model: _____ Year _____

If you are the only member of your household. Please STOP here.
HOUSEHOLD MEMBER

LAST NAME _____	FIRST NAME _____	MIDDLE INITIAL _____	
DATE OF BIRTH _____ / _____ / _____	MONTH	DAY	YEAR
EMAIL: _____			
GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female	DISABILITY: <input type="checkbox"/> Yes <input type="checkbox"/> No	VETERAN: <input type="checkbox"/> Yes <input type="checkbox"/> No	
RACE: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other			
ETHNICITY: <input type="checkbox"/> Hispanic or Latin <input type="checkbox"/> Not Hispanic or Latin			
FAMILY TYPE: (Choose One) <input type="checkbox"/> Single <input type="checkbox"/> Single Parent/Female <input type="checkbox"/> Single Parent/Male <input type="checkbox"/> Married (w/children) <input type="checkbox"/> Married (no children) <input type="checkbox"/> Single w/Partner <input type="checkbox"/> Multiple Adults (living w/children) <input type="checkbox"/> Multiple Adults (no children) <input type="checkbox"/> Grandparent (raising Grandchildren) <input type="checkbox"/> Other			
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ADDITIONAL SOURCES OF INCOME:			
Source	Amount		

In this section, please include ALL MEMBERS OF THE HOUSEHOLD.

<p>LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____</p> <p>DATE OF BIRTH: _____ / _____ / _____ MONTH DAY YEAR</p> <p>RELATIONSHIP: <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Grandparent <input type="checkbox"/> Nephew <input type="checkbox"/> Niece <input type="checkbox"/> Grandchild <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step-Child</p> <p>GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>RACE: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other</p> <p>ETHNICITY: <input type="checkbox"/> Hispanic or Latin <input type="checkbox"/> Not Hispanic or Latin</p> <p>EDUCATION: <input type="checkbox"/> 0-3 Years <input type="checkbox"/> Preschool <input type="checkbox"/> Kindergarten <input type="checkbox"/> Youth:1st-6th Grade <input type="checkbox"/> 9th or less <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> High School Grad <input type="checkbox"/> GED <input type="checkbox"/> 12+(Post Secondary) <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelors Degree</p> <p>IS THIS PERSON ABLE TO WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>EMPLOYMENT: <input type="checkbox"/> Employed <input type="checkbox"/> Un-Employed <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual</p> <p>Total Income: \$ _____</p> <p>SOURCE: <input type="checkbox"/> SSI/SSDI <input type="checkbox"/> Social Security <input type="checkbox"/> Child Support <input type="checkbox"/> Medicaid <input type="checkbox"/> Private <input type="checkbox"/> Medicare <input type="checkbox"/> CHIP <input type="checkbox"/> PCN</p>	<p>LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____</p> <p>DATE OF BIRTH: _____ / _____ / _____ MONTH DAY YEAR</p> <p>RELATIONSHIP: <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Grandparent <input type="checkbox"/> Nephew <input type="checkbox"/> Niece <input type="checkbox"/> Grandchild <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step-Child</p> <p>GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>RACE: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other</p> <p>ETHNICITY: <input type="checkbox"/> Hispanic or Latin <input type="checkbox"/> Not Hispanic or Latin</p> <p>EDUCATION: <input type="checkbox"/> 0-3 Years <input type="checkbox"/> Preschool <input type="checkbox"/> Kindergarten <input type="checkbox"/> Youth:1st-6th Grade <input type="checkbox"/> 9th or less <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> High School Grad <input type="checkbox"/> GED <input type="checkbox"/> 12+(Post Secondary) <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelors Degree</p> <p>IS THIS PERSON ABLE TO WORK? 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"I, _____, give Switchpoint Community Resource Center & Pantry consent to release, obtain and share all pertinent identifying and non-confidential social, medical and other information about myself that will allow me to benefit from services offered. In granting such permission, I understand that such information will remain confidential and that such information will only be used for my benefit or to benefit other members of my family.

The statements made by me on this consent form are true, correct and complete to the best of my knowledge."

Customer Signature: _____ Date: _____ Staff Signature: _____ Date: _____