

(Please complete this form to the best of your ability in **print**, the information we collect helps us to better serve you.)

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone Number: Cell/mobile: \_\_\_\_\_ Landline/home: \_\_\_\_\_

Email Address: \_\_\_\_\_

Drivers License/ Photo ID: \_\_\_\_\_

Source of Your Personal Income (Circle One):

*Social Security   Disability   SSI   Child Support   Wages   Family Support   None*

Amount of Your Personal Income: \$ \_\_\_\_\_ Frequency (circle one): *Monthly   Bi-Monthly*  
*Weekly   Bi-Weekly   Yearly*

Do you receive SNAP Benefits? *Yes   No*

How many people in the household are working? \_\_\_\_\_

Total Amount of Household (everyone's) Income: \$ \_\_\_\_\_. *(see back page)*

(Circle one answer for each question (1-6) as it describes you.)

1) Gender: *Male   Female   Transgender   None of these   Prefer not to answer*

2) Ethnicity: *Caucasian(white)   Hispanic, Latino or Spanish   Black or African American   Asian*

*American Indian or Alaska Native   Middle Eastern or North African   Marshallese*

*Native Hawaiian Or Other Pacific Islander   Multiracial   Some other race or ethnicity: \_\_\_\_\_*

3) Education Completed: *College   High School/GED   Some College   High School Incomplete*

4) Employment: *Full-Time   Part-Time   Unemployed   Retired*

5) Marital Status: *Divorced   Married   Separate   Single   Widowed*

6) Residential Status: *Own   Rent   Homeless   Transient   At-Risk of Being Homeless*

Would you like anyone to pick up food for you if you are unable? If so, please give their

name(s): \_\_\_\_\_

(Turn over to complete the back page)

***Do not include yourself ...but please List All other Members Living in The House***

[illegible]