**Siskiyou Community Food Bank**  New Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address & town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In order for SCFB to determine your eligibility, complete all the questions on this form. You are required to provide a photo ID, proof of income and residency. Failure to provide this information may cause your eligibility to be discount**

**inued or denied. Our funding source requires this information. Additionally, we may use any of the following to verify the information you provide: employers, EDD, VA, SSA, CPS, Human Services, churches, homeless shelters, etc. By completing and signing this form, you agree to provide required information. Fraudulent information will cause you and your household to no longer be eligible for food during 2019.**

1. **Individual Characteristics:** (Please circle one) **A.** Male **B.** Female **C.** Other
2. **Age group of all household members:** (list how many in each category for your home):

0-5\_\_\_\_\_\_\_\_\_\_\_ 6-13\_\_\_\_\_\_\_\_\_\_\_ 14-17\_\_\_\_\_\_\_\_\_\_ 18-24\_\_\_\_\_\_\_\_\_\_\_\_\_ 25-44\_\_\_\_\_\_\_\_\_\_\_\_\_

45-54\_\_\_\_\_\_\_\_\_\_\_ 55-59\_\_\_\_\_\_\_\_ 60-64\_\_\_\_\_\_\_\_\_\_\_ 65-74\_\_\_\_\_\_\_\_\_\_\_ 75+\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Education levels:** **Number of Individuals**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Education Levels** | **Ages 14-24** | **Ages 25+** |
| **Grades 0-8** |  |  |
| **Grades 9-12: Non-graduate** |  |  |
| **High School Graduate or GED** |  |  |
| **12th grade + some Post-Secondary** |  |  |
| **2 or 4 year College Graduate** |  |  |
| **Graduate of other post-secondary school** |  |  |

1. **Write how many in the home who are ages 14-24 who are not employed or in school:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Health:**

|  |  |  |
| --- | --- | --- |
| **Disabling Conditions** | **YES** | **NO** |

**Medical Insurance:** \_\_\_\_\_\_\_NO medical coverage **OR**



|  |  |
| --- | --- |
| **Medicaid: Partnership Plan** |  |
| **Medicare: Social Security** |  |
| **State Children’s Health Insurance (CHIP)** |  |
| **State Health Insurance for Adults: Affordable Care Act/Obamacare** |  |
| **Military Health Care** |  |
| **Direct Purchase** |  |
| **Employment Based** |  |

1. **Ethnicity: Choose ONE that best describes you:**

**\_\_\_\_\_\_ Hispanic, Latino, or Spanish origin or \_\_\_\_\_\_\_ Not Hispanic, Latino or Spanish origin**

**RACE:**

1. **Military Status:**

|  |  |
| --- | --- |
| **None** |  |
| **Veteran** |  |
| **Active Military** |  |

|  |  |
| --- | --- |
| **American Indian or Alaska Native** |  |
| **Asian** |  |
| **Black or African American** |  |
| **Native Hawaiian or other Pacific Islander** |  |
| **White** |  |
| **Other** |  |
| **Multi-race (two or more)** |  |

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1. **Work Status: (ages 18 and over)**



|  |  |
| --- | --- |
| **Employed full-time** |  |
| **Employed part-time** |  |
| **Migrant seasonal farm worker** |  |
| **Unemployed (6 months or less)** |  |
| **Unemployed (more than 6 months)** |  |
| **Unemployed (not in labor force)** |  |
| **Retired** |  |

1. **Household Characteristics: Household Member Size**

|  |  |
| --- | --- |
| **Single person** |  |
| **Two** |  |
| **Three** |  |
| **Four** |  |
| **Five** |  |
| **Six or more** |  |

|  |  |
| --- | --- |
| **Single** |  |
| **Two adults-no kids** |  |
| **Single Parent-Female** |  |
| **Single Parent-Male** |  |
| **Two parent household** |  |
| **Non-related adults with kids** |  |
| **Multi-generational household** |  |
| **Other** |  |

1. **Housing: (Circle one)** *Own*  **Rent** *Other permanent housing* **Homeless**  *Other*
2. **Income:**

**Household Size (List Names) Monthly Household Income Annual 100% Federal Poverty Level**

|  |  |  |
| --- | --- | --- |
|  |  | $12,490.00 |
|  |  | $16,910.00 |
|  |  | $21,330.00 |
|  |  | $25,750.00 |
|  |  | $30,170.00 |
|  |  | $34,590.00 |
|  |  | $39,010.00 |
|  |  | $43,430.00 |

1. **Sources of Income**

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|  |  |
| --- | --- |
| **Income from Employment only** |  |
| **Income from Employment & other Income Source** |  |
| **Income from Employment, Other income source & CalFresh** |  |
| **Income from Employment & non-cash benefits (Calfresh/Medi-Cal)** |  |
| **Other Income Source Only (cash aid, GA, gifts, etc.)** |  |
| **No Income** |  |
| **Non-Cash benefits Only (CalFresh/ MC)** |  |

|  |  |
| --- | --- |
| **Retirement Income-Social Security** |  |
| **Pension** |  |
| **Child Support** |  |
| **Alimony or other spousal support** |  |
| **Unemployment Insurance** |  |
| **EITC (Earned Income Tax Credit)** |  |
| **Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(recycling, pan handling, gifts etc.)** |  |

1. **Other Income Sources: Check all that apply**

|  |  |
| --- | --- |
| **TANF (CalWORKs/GA or Tribal TANF)** |  |
| **Supplemental Security Income (SSI)** |  |
| **Social Security Disability Income** |  |
| **VA Service- Connected Disability Compensation** |  |
| **VA Non-Service Connected Disability Person** |  |
| **Private Disability Insurance** |  |
| **Worker’s Compensation** |  |

1. **Non-Cash Benefits**

**If OVER the income level for your household size- You are NOT eligible and may receive a ONE-TIME Emergency food bag.**

|  |  |
| --- | --- |
| **SNAP or CalFresh (food stamps)** |  |
| **WIC (Women-Infant-Children)** |  |
| **LIHEAP Heating-cooling assistance (Great Northern)** |  |
| **Housing Choice Voucher (Section 8 housing)** |  |
| **Public Housing** |  |
| **Permanent Supportive Housing** |  |
| **HUD-VASH** |  |
| **Childcare Voucher** |  |
| **Affordable Care Act Subsidy** |  |
| **Other** |  |

If you are homeless, please explain where you sleep at nights for the last week. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** If camping –list address or draw a map. Use back of page if needed.

If you have no income, please explain how you meet your financial needs. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If you have no ID, are homeless and/or have no income, there may be an additional form that you must

complete in order to determine your eligibility.

**By signing this application, you are stating under the Penalty of Perjury, in the State of California, that all the information you provided on this application is true and correct.**



**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**

**AGENCY USE ONLY -Do not write in the box below**

Customer provided: **HH determined: \_\_\_\_\_\_\_ Eligible \_\_\_\_\_\_\_ Not eligible Staff\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_ Photo ID Emergency food only\_\_\_\_\_\_\_\_

\_\_\_\_\_ Proof of Income **Attach photocopy of ID, issued card, verification request &/or denial sheet**

\_\_\_\_\_ Proof of Residency Info entered into computer \_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Adequate proof of homeless &/or no income, additional form completed if needed

Customer given written notice of eligibility verifications needed prior to receiving food again:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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