



Hastings Family Service

EMERGENCY FOOD REQUEST

THIS FORM IS AVAILABLE IN OTHER FORMATS UPON REQUEST

DATE _____ LEGAL NAME _____
 PREFERRED NAME or PREVIOUS NAME _____
 ADDRESS _____ APT# _____
 DO YOU - RENT _____ OWN _____ MOBILE _____ LIVE WITH FAMILY/FRIEND _____
 PHONE # WHERE YOU CAN BE REACHED _____

FOR OFFICE USE ONLY:	
TIMES 2017	_____
TIMES 2016	_____
Rural Residence?	_____
Total # in FAMILY	_____
# of Adults 65+	_____
# of Adults	_____
# of Children	_____
VOUCHER #	_____
AMOUNT \$	_____

*RACE: C=Caucasian H=Hispanic L=Latino A=African AA=African American AS=Asian N=Native American M=Multiracial O=Other

Please add ALL members of your household INCLUDING CHILDREN

ID	MAIL EACH ADULT	LEGAL NAME	AGE	DATE OF BIRTH	RELATIONSHIP	HEALTH INSURANCE Y/N	*RACE
		SELF			SELF		

REASON FOR NEEDING FOOD TODAY (PLEASE CHOOSE THE ONE THAT BEST DESCRIBES YOUR SITUATION)

- | | | |
|---------------------------------|------------------------------------|-------------------------------------|
| _____ Illness | _____ Gov't assistance cut | _____ Waiting for EBT Card via mail |
| _____ Injury | _____ Wages don't cover expenses | _____ Food Support (SNAP) Pending |
| _____ Laid off | _____ More people in house | Other _____ |
| _____ No job | _____ Didn't receive child support | |
| _____ Hours cut | _____ Major expense | _____ |
| _____ Not working enough hours | _____ Gambling Issues | _____ |
| _____ Loss of 2nd income | _____ Alcohol Issues | _____ |
| _____ Waiting for 1st pay check | _____ Poor Planning | _____ |

HAS ANYONE IN YOUR HOUSEHOLD SKIPPED MEALS IN THE PAST MONTH BECAUSE THERE WAS NOT ENOUGH MONEY FOR FOOD? Yes ___ No ___

ARE YOU EMPLOYED? Yes ___ No ___ Where _____ How Long _____

ARE OTHERS IN YOUR HOUSEHOLD EMPLOYED? Yes ___ No ___ Where _____ How Long _____

IF NOT, INDICATE WHAT BARRIERS OR PROBLEMS ARE PREVENTING YOU OR OTHERS FROM WORKING AT THIS TIME:

Lack of Education Lack of training Disability No Openings Child Care Needs Transportation Criminal Background Other _____

INCOME / EXPENSE REPORT for LAST 30 DAYS (for Food Request)

Do you receive **food support** benefits? _____ How much \$ _____ Date Received _____

SELF: Hourly Wage _____ X Number of Hours per Week _____ X 4 = Gross Monthly Wage \$ _____

OTHER: Hourly Wage _____ X Number of Hours per Week _____ X 4 = Gross Monthly Wage \$ _____

OTHER SOURCES OF INCOME for LAST 30 DAYS

MFIP/DWP/GA CASH ASSISTANCE	\$ _____	UNEMPLOYMENT	\$ _____
PENSION / RETIREMENT	\$ _____	SOCIAL SECURITY OR SSI	\$ _____
CHILD SUPPORT RECEIVED	\$ _____	WORKERS COMPENSATION	\$ _____
ASSISTANCE FROM FAMILY/FRIENDS	\$ _____	OTHER _____	\$ _____

TOTAL MONTHLY GROSS INCOME \$ _____

For Office Use Only
 >100% _____ 100% to 200% _____ < 200% _____

Do you receive: Free/Reduced Lunch _____ Energy Assistance _____ WIC _____ NAPS Program _____
 MAC Program _____ Housing Subsidy (rent based on income) _____

EXPENSES AND AMOUNTS	\$ DUE MONTHLY	\$ PAID LAST 30 DAYS	\$ TOTAL PAST DUE
RENT, MORTGAGE, LOT RENT			
ELECTRIC			
GAS or PROPANE UTILITY			
FOOD			
WATER			
LAUNDRY			
CHILD CARE			
TRANSPORATION-GAS/TRAC			
CAR INSURANCE			
LOANS-CAR/STUDENT			
PRESCRIPTIONS			
MEDICAL INSURANCE PREMIUMS			
DOCTOR VISITS (COPAYS)			
MEDICAL BILLS			
CHILD SUPPORT			
PHONE			
EXTRA EXPENSES THIS MONTH			
CHARGE CARDS			
CABLE			
INTERNET / HOUSE PHONE			
CIGARETTES			
GAMBLING			
ALCOHOL			
BANK OVERDRAFTS			
COURT FINES			
TOTALS			

Do you need diapers and/or baby food? _____ SIZE _____

Do you need adult Depends? _____ SIZE _____

Hastings Family Service can accommodate alternative food choice(s) due to cultural or religious beliefs or dietary restrictions upon request.