



PLENTY TO EAT

Please answer all questions so that we may serve you better. This information will not be shared with any other outside agency or entity others than the Plenty to Eat Food Pantry for reporting purposes.

CLIENT DOCUMENTATION (client may fill this out)

Date of Intake:

Are you homeless? **Yes** **No** If no, please complete address portion of form.

Household Information:

YOUR NAME	
ADDRESS	
CITY / STATE / ZIP / COUNTY	
PHONE	

How many people live in your household? house: Are you head of the household? **Yes** **No**

Are you?

African American		Asian		Caucasian		Hispanic		Native American		Other	
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How many people live in your house in the following age / gender groups: (please write the number in the box?)

Infant-17		18-64 yrs		65 and over	
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Does your family receive any type of assistance? *Check all that apply*

Temporary Assistance To Needy Families (TANF / AFDC)	<input type="checkbox"/>	SNAP (Food Stamps)	<input type="checkbox"/>
SSI	<input type="checkbox"/>	Medicaid	<input type="checkbox"/>
CHIP	<input type="checkbox"/>	WIC	<input type="checkbox"/>

The Total Gross Income (the amount before deductions) of all household members is:

GROSS INCOME	\$	<input type="text"/>	Per Year	<input type="text"/>	Per Month	<input type="text"/>	Per Week	<input type="text"/>
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Yes **No**

Client Signature (client must be present for initial interview and food assistance)

Date

I certify that I am a member of the household listed above and that on behalf of this household. I certify that all information regarding my household is true to the best of my knowledge. I also designate the following person as an authorized representative of my household and certify that their information is correct to the best of my knowledge. Authorized representative is able to pick up product for client until re-certification is necessary...