

### Family Connection Center Food Application

Last	First	Relation	Date of Birth	Medical Insurance	Medicaid/Medicare	Gender	Disabled	Vet	Education Level	Race
		Self	/ /	Y / N	Y / N	M F	Y / N	Y/N	0 - 8 9 - 12 Grad 12+	
			/ /	Y / N	Y / N	M F	Y / N	Y/N	0 - 8 9 - 12 Grad 12+	
			/ /	Y / N	Y / N	M F	Y / N	Y/N	0 - 8 9 - 12 Grad 12+	
			/ /	Y / N	Y / N	M F	Y / N	Y/N	0 - 8 9 - 12 Grad 12+	
			/ /	Y / N	Y / N	M F	Y / N	Y/N	0 - 8 9 - 12 Grad 12+	
			/ /	Y / N	Y / N	M F	Y / N	Y/N	0 - 8 9 - 12 Grad 12+	
			/ /	Y / N	Y / N	M F	Y / N	Y/N	0 - 8 9 - 12 Grad 12+	
			/ /	Y / N	Y / N	M F	Y / N	Y/N	0 - 8 9 - 12 Grad 12+	
			/ /	Y / N	Y / N	M F	Y / N	Y/N	0 - 8 9 - 12 Grad 12+	
			/ /	Y / N	Y / N	M F	Y / N	Y/N	0 - 8 9 - 12 Grad 12+	

**Financial information of all household members:(Gross monthly income)**

Employment	\$ _____	SSI/SSD	\$ _____	Alimony	\$ _____
Cash Assistance	\$ _____	Child Support	\$ _____	Pension	\$ _____
Food Stamps	\$ _____	Social Security	\$ _____		
Other	\$ _____	Unemployment	\$ _____	Total Monthly Income	\$ _____

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Rent or Mortgage payment \$ \_\_\_\_\_ Housing status: (circle one) Rent Own Sharing Homeless Homeless with roof

Is rent subsidized? Yes / No

We make a diligent effort to assure that the food we provide is safe and nutritious, but because it is donated we cannot verify its origin or its handling before it come to us. We, therefore, advise that you carefully examine each food commodity to assure it is in an intact original package and that the food is not stale or otherwise unsafe to eat.

**Please Initial**

I give the Family Connection Center permission to contact my employer, DWFS caseworker, and other agencies for verification purposes, advocacy, and referrals. This release is valid for one year unless revoked in writing. I agree to hold the Family Connection Center and its staff free from any liability that may occur as a result of the release of this information. I have reviewed the Federal Poverty Income guidelines and verify that I am qualified based on these requirements. I understand that assistance will be provided on a first come, first serve basis and is not guaranteed. I certify that the information provided herein is correct to the best of my knowledge and understand that giving false information is grounds for termination of services.

Applicants Signature: \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_