Feeding Powhatan Food Pantry
Client Intake Form

Date of Intake: _____ Date of Recertification: _____

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____ Driver's License #_____

Phone _____ Email _____ Social Security #_____

In the following sections, place a check mark (√) beside all that apply.

Status:				
U.S. Citizen			Head of Household	
Veteran			Disabled	
Farming Family			Legal Alien	
Household Information:				
Single Person			Multi-Generational Household	
Female Single Parent			Non-Related Adults w/Children	
Male Single Parent			Two Adults (no children)	
2-Parent Household			Other	
Marital Status:				
Married			Single	
Divorced			Unmarried Single Parent	
Child			Minor/Never Married	
Widow			Widower	
Parent/child w/child			Single/Never Married	
Living Situation:				
Own Home			Rent	
Share			Other Permanent Housing	
Shelter			Homeless	
Other				

Education Level:					
Grade 0-8	Grade 9-12 (Non-Graduate)	High School Graduate/GED	Some College	College/Tech School Graduate	Graduate School/ Doctorate
Race:					
African American	Asian	Caucasian	Hispanic	Native American	Other (Specify)

Household Income: (Include all members of your household)			
Source	Monthly Amount	Source	Monthly Amount
Employment Wages	$	Unemployment	$
Social Security Retirement	$	VA Disability	$
EBT/SNAP	$	Free or Reduced Lunch	$
WIC	$	Child Support	$
CHIP	$	Disability	$
Medicaid	$	Worker's Compensation	$
TANF	$	SSI	$
Company Pension	$	SSD	$
Other	$	Other	$
Total Monthly Income from All Sources			**$**

Who else lives in your household?						
Name	Date of Birth	Relationship to You	Marital Status	Social Security #	Education Level	Disabled (√)

If an emergency caused you to need food, please describe the situation briefly below:

The following table shows income guidelines for each family size for 2019. If your household income is at or below the income listed for the number of people in your household, you are eligible to receive food from the Feeding Powhatan food pantry.

Household Size	Annual Income	Monthly Income	Weekly Income
1	$15,175	$1,265	$292
2	$20,575	$1,715	$396
3	$25,975	$2,165	$500
4	$31,375	$2,615	$603
5	$36,775	$3,065	$707
6	$42,175	$3,515	$811
Add for each additional person	$5,400	$450	$104

Read the following statement carefully, then sign the form and write in today's date.

I certify that I am a member of the household listed above and that all information provided regarding my household is true and correct. I also certify that, as of today, my household lives in Powhatan County and that my current gross household income is at or below the income listed on this form for households with the same number of people as my household. Program officials may verify what I have certified to be true. I understand that making a false certification or misrepresentation will result in forfeiture of assistance and may result in having to repay the value of the food improperly issued to me. By signing this document, I am giving Feeding Powhatan Food Pantry written consent to share pertinent information with local community agencies on an "as-needed" basis. These agencies will be held to the same level of confidentiality as any Service Organization. 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 may pick up product for client until re-certification is necessary.

Text

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

Name of Authorized Representative: (Person authorized to act on client's behalf)	**Authorized Representative's Address:**