

**Emergency Food Program Enrollment Form**

Date: \_\_\_\_\_\_\_\_\_\_\_

Head of Household (Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_ Work phone: \_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_Male \_\_Female \_\_Other

Ethnicity: \_\_\_\_Hispanic or Latin@ \_\_\_\_Not Hispanic or Latin@

Race: \_\_\_American Indian or Alaska Native

\_\_\_American Indian/Alaska Native & Black/African American

\_\_\_American Indian/Alaska Native & White

\_\_\_Asian

\_\_\_Asian/White

\_\_\_Black or African American

\_\_\_Black/African American & White

\_\_\_Native Hawaiian or Other Pacific Islander

\_\_\_White

\_\_\_Other Multi-Racial (not listed above)

Your Primary Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you live in Cambridge Housing Authority (CHA) Housing? \_\_\_Yes \_\_\_No

Were you born in the United States?: \_\_Yes \_\_No

Your highest level of education:

\_\_\_ Elementary School \_\_\_ Middle School

\_\_\_Some High School \_\_\_ High School Graduate/GED

\_\_\_ Some College \_\_\_ Associate’s Degree

\_\_\_ Bachelor’s Degree \_\_\_ Master’s Degree

\_\_\_ PhD or Professional Degree (MD, JD, etc.) \_\_\_\_ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other adults in household: (*Adults are between the ages of 18 and 61)*

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to head\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to head\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to head\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Seniors in household: (*Seniors are over age 62)*

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to head\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to head\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to head\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Children in household: (*Children are under age 18)*

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to head\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to head\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to head\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to head\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to head\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total number of people in household: \_\_\_\_\_\_

Check All That Apply

Disability \_\_\_\_\_\_\_\_ Female Head of Household \_\_\_\_\_\_\_ Senior (62 or older) \_\_\_\_\_\_\_\_

Household Income (please mark your income range based on your family size):

|  |  |  |  |
| --- | --- | --- | --- |
| **Number in Household** | **Gross Annual Income** | **Gross Annual Income** | **Gross Annual Income** |
| 1 | \_\_\_$0- $34,250 | \_\_\_$34,250-$45,500 | \_\_\_\_Above $45,500 |
| 2 | \_\_\_$0- $39,150 | \_\_\_$39,150-$52,000 | \_\_\_\_Above $52,000 |
| 3 | \_\_\_$0- $44,050 | \_\_\_$44,050-$58,500 | \_\_\_\_Above $58,500 |
| 4 | \_\_\_$0- $48,900 | \_\_\_$48,900-$65,000 | \_\_\_\_Above $65,000 |
| 5 | \_\_\_$0- $52,850 | \_\_\_$52,850-$70,200 | \_\_\_\_Above $70,200 |
| 6 | \_\_\_$0- $56,750 | \_\_\_$56,750-$75,400 | \_\_\_\_Above $75,400 |
| 7 | \_\_\_$0- $60,650 | \_\_\_$60,650-$80,600 | \_\_\_\_Above $80,600 |
| 8+ | \_\_\_$0- $64,550 | \_\_\_$64,550-$85,800 | \_\_\_\_Above $85,800 |

Types of income received (check all that apply):

\_\_\_Work \_\_\_TAFDC \_\_\_Worker’s Comp.

\_\_\_SSI \_\_\_EAEDC \_\_\_Pension

\_\_\_SSDI \_\_\_Unemployment \_\_\_Alimony

\_\_\_Self-employed \_\_\_Child Support \_\_\_VA Benefits

\_\_\_Food Stamps \_\_\_Refugee Relief \_\_\_\_\_\_\_\_\_\_\_\_\_ (Other, please specify)

\_\_\_ No income

How did you hear about East End House?

\_\_\_Referred by an agency (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Referred by a friend \_\_\_East End House pamphlets, flyers, etc.

\_\_\_East End House website \_\_\_CCRC

\_\_\_Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Food Pantry Only**

Are you new to East End House? \_\_\_Yes \_\_\_No

Do you want help applying for any of these benefits?

\_\_\_Mass Health \_\_\_TAFDC \_\_\_Food Stamps

\_\_\_EAEDC \_\_\_Fuel Assistance \_\_\_SSI

\_\_\_Rent Assistance \_\_\_SSDI

\_\_\_Veterans Benefits \_\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you, or anybody in your family, skipped a meal in the past 2 weeks because you did not have enough food? Yes \_\_\_\_ No \_\_\_\_

Do you receive food stamps? Yes \_\_\_\_\_ No \_\_\_\_\_

**Do you want a Thanksgiving Basket this Thanksgiving 2016?\* Yes \_\_\_\_\_ No \_\_\_\_\_**

*\*you will still need to pick up your confirmation letter to receive your basket*

**Do you want to sign up as a regular (2x month) food pantry client? Yes\_\_\_\_ No \_\_\_\_\_\_**

Please provide one of the following at your next visit as income/eligibility verification:

1. Pay stub \_\_\_
2. Mass Health, Network Health/Tufts, or Commonwealth Care card \_\_\_
3. DTA or SNAP card \_\_\_
4. Proof of government assistance (SSI, SSDI, TAFDC, EAEDC) \_\_\_\_
5. MBTA disability card \_\_\_
6. Referral from another agency \_\_\_
7. Proof you are over age 62 \_\_\_

I hereby declare my eligibility for & receipt of USDA foods. I hereby release East End House of any liability for the food given to me. I also certify that all of the above information is accurate to the best of my knowledge. If there are any changes in any of the above information, I will notify East End House immediately.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Type of Income Verification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials: \_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_