

**INTERFAITH FOOD PANTRY
GROCERY ASSISTANCE PROGRAM REFERRAL FORM**

AGENCY _____ ADDRESS _____

CASE MANAGER _____ PHONE _____ EXT _____ E-MAIL: _____ DATE _____

I hereby verify that the information on this form is accurate as written _____ If you sign here the client will not need to bring any information other than this form to the interview. Case manager signature

I cannot verify that the information on this form is accurate as written. In this case, please ask client to bring proof of income and address for each household member listed. In addition, they will need to bring a letter from a school or agency showing the listed children are residing with them.

APPLICATION FOR FOOD ASSISTANCE

CLIENT NAME _____ / _____ / _____ / _____ / _____ / _____
LAST FIRST SS # (IF ANY) AGE DOB OCCUPATION

CLIENT ADDRESS _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____
STREET APT/FL/PO TOWN ZIP PHONE E-MAIL COUNTRY OF BIRTH

RACE _____ SEX _____ MARITAL STATUS _____ NATIVE LANGUAGE _____ SPECIAL FOOD NEEDS (DIABETIC, ETC.) _____

CONSENT: APPLICANTS MUST SIGN HERE I consent to the exchange of information between THE above named agency and IFP regarding my request for services. SIGNATURE: _____ DATE: _____

OTHER MEMBERS

PLEASE LIST ONLY OTHER MEMBERS OF APPLICANTS IMMEDIATE FAMILY LIVING AT SAME ADDRESS WHO ARE APPLYING FOR FOOD

	<u>FIRST</u>	<u>MI</u>	<u>LAST</u>	<u>RELATIONSHIP</u>	<u>AGE</u>	<u>DOB</u>	<u>OCCUPATION</u>
1.	_____	_____	_____	_____	_____	____/____/____	_____
2.	_____	_____	_____	_____	_____	____/____/____	_____
3.	_____	_____	_____	_____	_____	____/____/____	_____
4.	_____	_____	_____	_____	_____	____/____/____	_____
5.	_____	_____	_____	_____	_____	____/____/____	_____
6.	_____	_____	_____	_____	_____	____/____/____	_____
7.	_____	_____	_____	_____	_____	____/____/____	_____

TOTAL HOUSEHOLD GROSS MONTHLY INCOME - MUST INCLUDE INFO ON ALL LISTED ABOVE

	Salary	Unem- ployment	Social Security	SSI	SSD/Dis.	Pension	Child Supp/ Alimony	TANF [] GA []	Food Stamps	Medi- caid	Other	Explain other income
Applicant										Y / N		
1.										Y / N		
2.										Y / N		
3.										Y / N		
4.										Y / N		
5.										Y / N		
6.										Y / N		
7.										Y / N		
TOTAL										Y / N		

PLEASE ANSWER ALL THE FOLLOWING QUESTIONS

Do you rent apt. [] rent room [] own home [] live in a shelter [] Section 8 () Public Housing () other [] _____

What caused you to need food assistance? recently lost job [] had work hours reduced [] no recent change but income does not cover expenses [] became disabled/seriously ill [] other [] please explain (If you have any unusual expenses or circumstances that you would like to tell us about please do so here) _____

Are you in danger of losing your housing? No [] Yes [] If yes, why? _____

How did you hear about the IFP? Newspaper [] Internet [] Friend/Family [] Current client [] Agency [] _____

Church/Temple/Mosque attended (if any – information will not be shared) _____ Town _____

MONTHLY EXPENSES

Please answer all questions - put none or "0" where appropriate.

Rent/Mortgage you pay yourself \$/Month _____

Electric \$/Month _____

Gas/Oil \$/Month _____

Medical insurance \$/Month _____

Other medical expenses \$/Month _____

Car insurance \$/Month _____

Car payment \$/Month _____

Childcare \$/Month _____

Telephone \$/Month _____

Other – List each and explain \$ _____
\$ _____

OTHER INFORMATION	
Do you get rental assistance? Y N From? _____	How much? _____
Do you get HEA assistance?(Heat)	Y N
Do you get USF assistance? (Gas bill-electrical bill or both)	Y N
Do you get Cooling assistance? (Medical Air condition)	Y N

Make/Model and year of vehicle _____

Make/Model and year of vehicle _____

Payroll Taxes \$/Month _____

Cable \$/Month _____

IN CASE OF EMERGENCY

Primary Contact _____
NAME RELATIONSHIP PHONE #

Secondary Contact _____
NAME RELATIONSHIP PHONE #

RELEASE FORM

I certify that all information I provided is true. I understand that I am authorizing the IFP staff to receive information from any agency listed on this form to verify my income and need. I further authorize them to release any information necessary to help them secure additional assistance for me or my family.

Client Signature _____ Date _____ Interviewer _____ Agency _____

Referral Counselors comments: (Please provide an explanation of client's current situation)

Please Fax It to 973-998-5086