



## GROCERY ASSISTANCE PROGRAM REFERRAL FORM

AGENCY \_\_\_\_\_ ADDRESS \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

CASE WORKER \_\_\_\_\_ PHONE \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ EXT \_\_\_\_\_ E-MAIL: \_\_\_\_\_

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 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 :**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
ID # (Staff Only)

CLIENT NAME \_\_\_\_\_ Last First AGE \_\_\_\_/\_\_\_\_/\_\_\_\_ OCCUPATION \_\_\_\_\_ LANGUAGE \_\_\_\_\_

CLIENT ADDRESS \_\_\_\_\_ STREET \_\_\_\_\_ APT/FL/PO \_\_\_\_\_ TOWN \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_ COUNTRY OF BIRTH \_\_\_\_\_

RACE \_\_\_\_\_ SEX \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_ SPECIAL FOOD NEEDS (DIABETIC, ETC.) \_\_\_\_\_

### 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.	_____	_____	_____	_____	_____	____/____/____	_____

**QUALIFYING REASONS MUST SELECT ONE-  CHECK ALL THAT APPLY FOR EACH MEMBER OF HOUSEHOLD**

	TANF	SNAP	SSI *	WIC	Medicaid	Low Income (185% of PL)	Disaster (Other – divorce, domestic violence, unusual expense, loss of employment, etc. Please explain.)
<b>Main Applicant</b>							
1.							
2.							
3.							
4.							
5.							
6.							

Main Source of Income:  Salary  Unemployment  Social Security  SSI  SD/DIS  Child Support  Alimony  Pension

Family/Friends  Savings  TANF  GA  Other  None

\*(Supplemental Social Security) NOT Social Security

**OTHER INFORMATION**

(If you have any unusual expenses or circumstances that you would like to tell us about please do so here)

\_\_\_\_\_

\_\_\_\_\_

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

Monthly Housing Expense \$ \_\_\_\_\_ Are you in danger of losing your housing? No [ ] Yes [ ]

If yes, why? \_\_\_\_\_

Do you receive rental assistance? [ ] Y [ ] N From ? \_\_\_\_\_ Amount \$ \_\_\_\_\_

Do you receive HEA assistance? (Heat) [ ] Y [ ] N Do you receive USF assistance? (Gas bill-electrical bill or both) [ ] Y [ ] N

Do you receive Cooling assistance (Medical Air Conditioning) [ ] Y [ ] N

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 \_\_\_\_\_

**IN CASE OF EMERGENCY PLEASE CONTACT**

Primary Contact \_\_\_\_\_  
NAME RELATIONSHIP PHONE #

Secondary Contact \_\_\_\_\_  
NAME RELATIONSHIP PHONE #

**CONSENT AND RELEASE FORM**

I certify that all information I provided is true and accurate. I consent to the exchange of information between the referring agency and IFP regarding my request for services. I authorize the IFP to verify the information provided and release information at my request to secure additional assistance for me or my family members.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Interviewer \_\_\_\_\_ Agency \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To set an appointment call: Case Worker: \_\_\_\_\_ or Client: \_\_\_\_\_

**Please Fax this form to 973-998-5086**