

If applying for Emergency Food Pantry, please summarize your emergency situation:

There may be other programs and services available that you and your family may benefit. Would you be interested in additional information or referrals to any of these types of programs? Check all that apply below:

Food Stamps		Employment & Training	
Other Food Resources		Nutrition Programs	
Budgeting Services		Veteran's Services	
Healthcare		TANF	
SSI/SSD		Education (GED)	
Volunteering			
Other, please specify:			

Because your personal information is held in the strictest of confidence, we will only share information with a signed **RELEASE OF INFORMATION** form.

DECLARATION:

I, the undersigned customer, do solemnly swear that the above information is true, correct and complete to the best of my knowledge. I understand that any false statements of misrepresentation may result in my being found ineligible for emergency assistance. I consent to any inquiries to verify or confirm the information provided on this application.

Signature of Customer:		Date:	
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TO BE COMPLETED BY UCCAC, INC., EMPLOYEES <-----

Level of Income: % of Federal Poverty Level	✓
Under 75%	
Under 100%	
Under 125%	
Under 150%	
Over 150%	

If over the 125%: _____ Outreach Funds _____ Other sources (Please list)

Notes:

Care Managers/Program Director's Initials: _____ Date: _____