



# Entiat Valley Community Services Food Bank

"Serving Those In Need"

## Recipient Information Form For Food & Direct-Services Program

**(Please Print)**

**Recipient/s Name:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_  
**Are you a student?** \_\_\_ Yes \_\_\_ No **Your Birth Date:** \_\_\_/\_\_\_/\_\_\_  
**Mailing Address:** \_\_\_\_\_ **(Zip Code)** \_\_\_\_\_

**Recipient Address:** \_\_\_\_\_  
(Address) (Phone)  
 \_\_\_\_\_  
(City) (State) (Zip Code)

**Is this your first visit to the Food Bank?** \_\_\_ Yes \_\_\_ No **Date of Last Visit:** \_\_\_\_\_ **Are you in need of?** \_\_\_ Food \_\_\_ Direct-Services \_\_\_ Emergency Support  
**Does someone have permission to pick up your food and USDA commodities?** \_\_\_\_\_ **Yes food only** \_\_\_\_\_ **Yes both** \_\_\_\_\_ **No**  
**Do You have a Permission Slip Form on File for food?** \_\_\_ Yes \_\_\_ No **Do You have a Permission Slip for Commodities?** \_\_\_ Yes \_\_\_ No  
**If Yes, Name of Person:** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Total Number In Your Household?** \_\_\_\_\_ **Are Children on the Reduced/Free Lunch Program?** \_\_\_ Yes \_\_\_ No

Please fill out the following for all persons in your family. Any persons 18 years or older must come in and fill out a separate application.

Include Yourself, Spouse, Children, etc. FIRST AND LAST NAME	Male or Female	Relationship	Age	Working / Student Unemployed No Income / Veteran Retired / Disabled
1		SELF		
2				
3				
4				
5				
6				

We want to make available to you our finest services and resources to meet your needs. Please tell us about yourself and family so we may help you.  
This information we are requesting from you is OPTIONAL and DOES NOT Disqualify you for services.

**What is the total amount you pay per month for the following:** \$ \_\_\_\_\_ **Is your rent subsidized (public housing, etc.)?** \_\_\_ Yes \_\_\_ No  
 Rent/Mortgage Daycare Child Support Utilities Phone Heat Food Medical/Dental Other \_\_\_\_\_

**Source of Income:** Employment \_\_\_ Unemployment \_\_\_ VA \_\_\_ SSI \_\_\_ Social Security \_\_\_ Worker's Comp \_\_\_ Retirement/Pension \_\_\_  
 Child Support \_\_\_ Food Stamps \_\_\_ WIC \_\_\_ CHIP \_\_\_ School Grants \_\_\_ TANF \_\_\_ Other \_\_\_\_\_  
**Total Income:** \$ \_\_\_\_\_ **Assets: What do you own?** \_\_\_\_\_

**Have you applied for Food Stamps?** \_\_\_ Yes \_\_\_ No **Do You Need Help In Applying for Services (VA, Medical, SSI, etc.)?** \_\_\_ Yes \_\_\_ No

**Do You SKIP Meals to feed your Children or to Pay Bills-Fuel-Medical-Prescriptions?** \_\_\_ Yes \_\_\_ No **How Many Times?** \_\_\_\_\_ **Daily** \_\_\_ **Weekly** \_\_\_ **Monthly** \_\_\_

**What kind of medical insurance do you have?** \_\_\_ None \_\_\_ VA \_\_\_ Private \_\_\_ Medicaid \_\_\_ Medicare \_\_\_ Other \_\_\_\_\_

**What Health Problems do you or someone in your family have (relationship)?** \_\_\_\_\_

**Disabled:** \_\_\_ Yes \_\_\_ No **Special Medical Diet (Diabetic):** \_\_\_ Yes \_\_\_ No

**Special Medical Equipment:** \_\_\_ Yes \_\_\_ No **Explain:** \_\_\_\_\_ **Wheelchair bound** \_\_\_ Yes \_\_\_ No **Are you Homebound?** \_\_\_ Yes \_\_\_ No

**Do you have Transportation?** \_\_\_ Yes \_\_\_ No **If No Explain:** \_\_\_\_\_

**How many miles or blocks do you travel:** \_\_\_\_\_ **Walk** \_\_\_ **Bike** \_\_\_ **Ride with Someone** \_\_\_ **Grade Level you completed?** \_\_\_\_\_ **GED** \_\_\_ **College** \_\_\_

**What influenced your need to use EVCSFB services? (Please check)**

**Housing/Utility Expenses** \_\_\_ **Unemployed** \_\_\_ **Low Wages** \_\_\_ **Childcare Costs** \_\_\_ **Fuel/Transportation Costs** \_\_\_ **Fixed Income** \_\_\_  
**Out of Food Stamps** \_\_\_ **Medical/Dental Expenses** \_\_\_ **Student** \_\_\_ **No Income** \_\_\_ **Prescription Costs** \_\_\_ **Other** \_\_\_\_\_

**Type of Household:** **Single Parent** \_\_\_ **Two Parent** \_\_\_ **Mixed Adults with Children** \_\_\_ **Adults Only** \_\_\_ **Senior** \_\_\_ **Extended Family** \_\_\_

**Own Residence** \_\_\_ **Living With Relatives** \_\_\_ **Homeless** \_\_\_ **Living in car, tent, camper, or motel, etc.** \_\_\_ **Staying with Friends** \_\_\_ **Shelter** \_\_\_ **Campground** \_\_\_

**If you are not living in own residence Please Complete - Situation is:** **Temporary** \_\_\_ **Permanent** \_\_\_ **Other** \_\_\_\_\_

**Reason for Situation:** \_\_\_ **Student In School** \_\_\_ **Evicted** \_\_\_ **Family Crisis** \_\_\_ **Health** \_\_\_ **Lack of Income** \_\_\_ **Other** \_\_\_\_\_

**ETHNICITY (Please Circle all that apply)** African American Caucasian Hispanic Asian Other (Specify) \_\_\_\_\_

**NATURE OF REQUEST**

What is the Request for Services you need?  Food  Direct-Services Programs  Emergency Support Services

**If you are in need of Emergency Support Services please continue:**

What are your current circumstances? (Please Describe) \_\_\_\_\_

With whom could we verify your need? (Name) \_\_\_\_\_ Phone \_\_\_\_\_

Relationship (landlord, employer, friend, family, other) \_\_\_\_\_

**Other Resources You Have:**

Family  yes  no If yes, how have they helped you? \_\_\_\_\_

Friends  yes  no If yes, how have they helped you? \_\_\_\_\_

Community sources, federal agencies, local churches  yes  no If yes, who and how have they helped? \_\_\_\_\_

**Consent For Emergency Support Services: (only sign here if you are applying for other services)**

(Please Print)

I, \_\_\_\_\_, affirm all information provided by me is true and correct to the best of my knowledge.

I also authorize and give permission to the Entiat Valley Community Services FoodBank to verify the information provided.

Please sign your name as is on the application.

Client Signature: \_\_\_\_\_ Date \_\_\_\_\_

**If you are in need of Food or Direct-Services Programs please check all that apply:**

**1. Please Check All The Free Programs and Services You Are In Need Of:**

- |   |   |  |  |   |
|---|---|--|--|---|
| <input type="checkbox"/> Youth Services       | <input type="checkbox"/> Senior Services            | <input type="checkbox"/> Family Services         | <input type="checkbox"/> Events and Activities | <input type="checkbox"/> Food Bank Services     |
| <input type="checkbox"/> Educational          | <input type="checkbox"/> Employment Skills          | <input type="checkbox"/> Emergency Support       | <input type="checkbox"/> Clothing              | <input type="checkbox"/> Meals                  |
| <input type="checkbox"/> Workshops/Classes    | <input type="checkbox"/> Training                   | <input type="checkbox"/> Transportation          | <input type="checkbox"/> Prescription Help     | <input type="checkbox"/> Benefit Services       |
| <input type="checkbox"/> Crafts/Arts Programs | <input type="checkbox"/> Basic Necessities          | <input type="checkbox"/> Tutoring - Computer Lab | <input type="checkbox"/> GED/Reading-English   | <input type="checkbox"/> Medical Loan Equipment |
| <input type="checkbox"/> Exercise Classes     | <input type="checkbox"/> Firewood                   | <input type="checkbox"/> Housing                 | <input type="checkbox"/> Legal Services        | <input type="checkbox"/> Counseling             |
| <input type="checkbox"/> Xmas Adopt-A Program | <input type="checkbox"/> Medical-Dental-Vision Help | <input type="checkbox"/> Health Clinic           | <input type="checkbox"/> Hat Project for Needy | <input type="checkbox"/> Gardening Workshops    |

**2. Youth Services:**

- |   |  |   |  |   |
|---|--|---|--|---|
| <input type="checkbox"/> School Supplies For Needy Children | <input type="checkbox"/> Clothing                      | <input type="checkbox"/> Summer Meals - Lunch Sacks | <input type="checkbox"/> KnaPaks for Kids Week end Meals | <input type="checkbox"/> Learning Garden    |
| <input type="checkbox"/> B-Day Book Club for Kids           | <input type="checkbox"/> Bundles of Joy for Babies     | <input type="checkbox"/> Kids Kamp                  | <input type="checkbox"/> After-School Program            | <input type="checkbox"/> 9-1-1 Safety Class |
| <input type="checkbox"/> Open Food & Garden Market          | <input type="checkbox"/> Kids & Teen Cook Shop Classes | <input type="checkbox"/> Youth Services             | <input type="checkbox"/> Youth Activities and Programs   | <input type="checkbox"/> Tutoring           |
| <input type="checkbox"/> Toys for Kids                      |  |   |  |   |

**3. Events and Educational Activities You Are Interested In:**

- |   |  |   |   |  |  |  |                                      |
|---|--|---|---|--|--|--|--------------------------------------|
| <input type="checkbox"/> Fishing Derby                  | <input type="checkbox"/> Festival For All                | <input type="checkbox"/> Easter Egg Hunt          | <input type="checkbox"/> Earth Day        | <input type="checkbox"/> Harvest Faire               | <input type="checkbox"/> Spirit of Giving Gala | <input type="checkbox"/> Arts and Crafts | <input type="checkbox"/> Hat Project |
| <input type="checkbox"/> Crocheting/Knitting            | <input type="checkbox"/> Educational Nutritional Classes | <input type="checkbox"/> Health and Wellness Fair | <input type="checkbox"/> Beef Mobile      | <input type="checkbox"/> Seniors R Grand Health Fair | <input type="checkbox"/> Garden Classes        |  |                                      |
| <input type="checkbox"/> Employment Training Job Skills | <input type="checkbox"/> Grow A Row Fresh Produce        | <input type="checkbox"/> Health Screening         | <input type="checkbox"/> Computer Classes | <input type="checkbox"/> Women or Men Workshops      |  |  |                                      |

**4. Senior and Disabled Programs or for 55+ unable to leave their homes:**

- |  |   |   |   |  |   |
|--|---|---|---|--|---|
| <input type="checkbox"/> BREAD Supplemental Food Boxes       | <input type="checkbox"/> CHORE              | <input type="checkbox"/> SHARE Minor Home Repair        | <input type="checkbox"/> Snow Shovel Brigade                            | <input type="checkbox"/> TRIPS Senior - 55+ Disabled | <input type="checkbox"/> Clothing       |
| <input type="checkbox"/> ABLES Medical Equipment Loan Closet | <input type="checkbox"/> REACH calling tree | <input type="checkbox"/> SAIL low impact exercise class | <input type="checkbox"/> FIRE firewood                                  | <input type="checkbox"/> Cooking                     | <input type="checkbox"/> Crafty Seniors |
| <input type="checkbox"/> Harvest of Friends Communal Meals   | <input type="checkbox"/> Book Buddies       | <input type="checkbox"/> Driving Safety Class           | <input type="checkbox"/> Computer Tutoring                              | <input type="checkbox"/> Prescription Help           | <input type="checkbox"/> Gardening      |
| <input type="checkbox"/> Housing                             | <input type="checkbox"/> Medical Help       | <input type="checkbox"/> Emergency Support Services     | <input type="checkbox"/> Benefit Assistance for SSI, taxes, Food Stamps | <input type="checkbox"/> Senior Activities-Programs  | <input type="checkbox"/> Counseling     |

**5. Family or Individual Services:**

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Assistance for Benefits        | <input type="checkbox"/> Employment Training/ Skills | <input type="checkbox"/> Career Closet (must take Employment Classes) | <input type="checkbox"/> Family Activities-Programs |
| <input type="checkbox"/> Parenting Skills               | <input type="checkbox"/> Gardening Workshops         | <input type="checkbox"/> Child Care                                   | <input type="checkbox"/> Housing                    |
| <input type="checkbox"/> Reading/Writing/ English Class | <input type="checkbox"/> Emergency Support Services  | <input type="checkbox"/> Diet Nutrition Class                         | <input type="checkbox"/> Life Skills                |
| <input type="checkbox"/> Volunteer OJT                  | <input type="checkbox"/> Firewood for Needy Families | <input type="checkbox"/> Clothing                                     | <input type="checkbox"/> Counseling                 |
| <input type="checkbox"/> Health Classes                 | <input type="checkbox"/> Communal Meals              | <input type="checkbox"/> Medical Help                                 | <input type="checkbox"/> Prescription Help          |
| <input type="checkbox"/> Computer Lab                   | <input type="checkbox"/> Arts and Crafts             | <input type="checkbox"/> Exercise Classes                             | <input type="checkbox"/> Medical Loan Closet        |

**All Clients Must Sign Here**

**Hold Harmless Statement:** By signing this form, I acknowledge that I understand that the food I receive from Entiat Valley Community Services FoodBank is donated, sorted, shelved, and bagged by volunteers. Therefore, I release Entiat Valley Community Services FoodBank, its volunteers, community partners, donors, and/or agencies from any claim associated with the products provided to me.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Office Use Only for Emergency Support Services Clients**

Intake Notes: \_\_\_\_\_

Name of Interviewer \_\_\_\_\_ Date \_\_\_\_\_ time given \_\_\_\_\_

NOTE: Interviewer COMPLETE 'SUMMARY OF INTIAL INTERVIEW FORM' in EVCSFB Financial Assistance Fund Information Packet. ATTACH to this application.

Entiat Valley Community Services FoodBank - PO Box 697 - Entiat, WA 98822 – 509-888-3999