



# Client Registration

Date \_\_\_\_\_

Number of People in Household: \_\_\_\_\_

## Demographic Information for Head of Household

Name	Date of Birth	Gender	Primary Race	Secondary Race	Disabled?	Family Type
First: _____ Middle: _____ Last: _____	____/____/____	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans Female <input type="checkbox"/> Trans Male <input type="checkbox"/> Don't know	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other/Multi-Racial <input type="checkbox"/> White <input type="checkbox"/> Decline to state	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian/ Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Decline to state	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Adults (no children) <input type="checkbox"/> Grandparent(s) & child <input type="checkbox"/> Non-custodial caregiver(s) <input type="checkbox"/> Single Parent <input type="checkbox"/> Two Parents <input type="checkbox"/> Other
	Social Security	Ethnicity			Veteran?	
		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Have you visited any other pantry in the last 30 days? \_\_\_\_\_

Address	Apt.	City	Zip Code	County	Phone Number	Email

Household Housing Information	Housing Status
<p><i>Where did you stay last night?()</i></p> <input type="checkbox"/> Room, apartment, or house that you rent <input type="checkbox"/> Emergency shelter <input type="checkbox"/> Hotel or Motel <input type="checkbox"/> Room, apartment, or house that you rent <input type="checkbox"/> Apartment or house that you own <input type="checkbox"/> Transitional housing for homeless persons <input type="checkbox"/> Apartment or house that you own	<input type="checkbox"/> Literally homeless <input type="checkbox"/> Imminently losing housing <input type="checkbox"/> Unstably housed and at-risk of losing housing <input type="checkbox"/> Stably housed
<input type="checkbox"/> Staying in family member's apartment/house <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center <input type="checkbox"/> Foster care home or group home <input type="checkbox"/> Hospital (non-psychiatric) <input type="checkbox"/> Place not meant for habitation (car, abandoned building, outside, etc.)	

For Office Use Only

HOH HMIS ID \_\_\_\_\_ Pantry Appointment time \_\_\_\_\_

## Demographic Information for Additional Household Members

Name	Date of Birth	Gender	Race	Disabled?	Relationship to Head of Household		
First: _____	____/____/____	<input type="checkbox"/> Female	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other/Multi-Racial <input type="checkbox"/> White <input type="checkbox"/> Decline to state	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Friend <input type="checkbox"/> Partner <input type="checkbox"/> Grandchild <input type="checkbox"/> Other relative <input type="checkbox"/> Other		
Middle: _____		<input type="checkbox"/> Male				<input type="checkbox"/> Trans <input type="checkbox"/> Female <input type="checkbox"/> Trans Male <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No
Last: _____		Social Security		Veteran?			
_____	_____	Ethnicity		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic					

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First: _____	____/____/____	<input type="checkbox"/> Female	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other/Multi-Racial <input type="checkbox"/> White <input type="checkbox"/> Decline to state	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Friend <input type="checkbox"/> Partner <input type="checkbox"/> Grandchild <input type="checkbox"/> Other relative <input type="checkbox"/> Other		
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Last: _____		Social Security		Veteran?			
_____	_____	Ethnicity		<input type="checkbox"/> Yes <input type="checkbox"/> No			
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Last: _____		Social Security		Veteran?			
_____	_____	Ethnicity		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic					

## Demographic Information for Additional Household Members

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

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Middle: _____		<input type="checkbox"/> Male <input type="checkbox"/> Trans			
Last: _____	Social Security	Ethnicity		Veteran?	
		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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Middle: _____		<input type="checkbox"/> Male <input type="checkbox"/> Trans			
Last: _____	Social Security	Ethnicity		Veteran?	
		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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Last: _____	Social Security	Ethnicity		Veteran?	
		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		<input type="checkbox"/> Yes <input type="checkbox"/> No	



Name \_\_\_\_\_

### Household Income Information

**If your household gross income is at or below the income listed for the number of people in your household, you are eligible to receive food.**

Household Size	Annual Income	Monthly Income	Twice per Month	Every two Weeks	Weekly Income
1	\$16,588	\$1,383	\$798	\$737	\$368
2	\$22,412	\$1,868	\$1,078	\$995	\$497
3	\$28,236	\$2,353	\$1,358	\$1,253	\$427
4	\$34,060	\$2,839	\$1,638	\$1,512	\$756
5	\$39,884	\$3,324	\$1,918	\$1,770	\$885
6	\$45,708	\$3,809	\$2,198	\$2,029	\$1,014
7	\$51,532	\$4,295	\$2,478	\$2,287	\$1,143
8	\$57,356	\$4,780	\$2,758	\$2,546	\$1,273
For each additional family member add:	\$4,480	\$187	\$244	\$172	\$36

**Please indicate the amount received and by whom (For the past 30 days)**

### HOPE Requires Proof of Income

Monthly Income		Non-Cash Benefits		Expenses	
Earned Income	\$	Food Stamps	\$	Bus Pass/ Uber/Lyft	\$
Unemployment	\$	Medicaid	<input type="checkbox"/>	Car Payment	\$
Social Security (SSI)	\$	Medicare	<input type="checkbox"/>	Child Care	\$
Social Security Disability (SSDI)	\$	Healthy Kids	<input type="checkbox"/>	Child Support Expense	\$
VA Disability	\$	WIC	<input type="checkbox"/>	Electricity	\$
Private Disability	\$	VA Medical	<input type="checkbox"/>	Food	\$
Worker's Compensation	\$	TANF Child Care	<input type="checkbox"/>	Gas/Heating	\$
Public Assistance (TANF)	\$	TANF Transportation	<input type="checkbox"/>	Gas (Car)	\$
Veteran's Pension	\$	Section 8	<input type="checkbox"/>	Car Insurance	\$
Pension	\$	Other:	\$	Medical	\$
Child Support	\$			Miscellaneous	\$
Alimony/ Spousal Support	\$			Mortgage/Rent	\$
Other:	\$			Home/Renter's Insurance	\$
				Sewage/Trash	\$
Other:	\$			Phone	\$
				Water	\$
				Cable/Internet/ Streaming Services	\$
<b>Total Income</b>	<b>\$</b>	<b>Total Benefits</b>	<b>\$</b>	<b>Total Expense</b>	<b>\$</b>



## EMERGENCY ASSISTANCE REQUEST

<b>State Specific Need</b>	<input type="checkbox"/> Food <input type="checkbox"/> Rent/Mortgage Assistance <input type="checkbox"/> Utility Assistance <input type="checkbox"/> Other
<b>State why income is not available to pay monthly expenses:</b>	

**How did you hear about HOPE?**

- Friend/Family  / 211
- Church (Name of Church:) \_\_\_\_\_
- Other (Please Specify:) \_\_\_\_\_

Applicant Certification/Release of Information	
I certify that all information I have provided above is true and correct. I consent to the release of information contained in this request to HOPE Helps, Inc, other local social service agencies, and/or funders who distribute emergency financial assistance, and/or to the vendor receiving these funds, as necessary to complete services to my household, provide statistics on emergency assistance and as a guard against duplication of assistance. I also certify that if I or anyone in my household has been given emergency financial assistance in the past, I have advised the caseworker in this agency of that information.	
<b>I have read the Applicant Certification/Release of Information statement and understand it.</b>  Signature: _____	<b>Date:</b> _____
OFFICE USE ONLY	

**Authorized Agency:** \_\_\_\_\_

**Caseworker Name** \_\_\_\_\_ **Caseworker Phone #** \_\_\_\_\_

**Fund** \_\_\_\_\_ **Service** \_\_\_\_\_

**Amount** \$ \_\_\_\_\_ **Reason** \_\_\_\_\_

**Vendor** \_\_\_\_\_ **Account #:** \_\_\_\_\_

**Payee** \_\_\_\_\_ **Mail Check to Payee:**

**Address** \_\_\_\_\_

**Authorized Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_