



FOOD SHELF - FY25

Your First Name: _____		M.I. _____	Your Last Name: _____	
Birthdate: _____		Gender Identification: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Other		Social Security: _____
Phone Number: _____			Email (opt.): _____	
Living Address:			Mailing Address: <input type="checkbox"/> Same as living address	
Street: _____ Apt. #: _____			Street: _____ Apt. #: _____	
Town: _____			Town: _____	
State: _____ Zip: _____			State: _____ Zip: _____	

House Apartment Community Shelter Homeless – No Housing Hotel/Motel Room

Demographics:

<input type="checkbox"/> White/Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African <input type="checkbox"/> American Indian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Bi-racial <input type="checkbox"/> Prefer not to answer	
Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	
Are you Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Military Service: <input type="checkbox"/> Never <input type="checkbox"/> Veteran <input type="checkbox"/> Active Duty
Do you receive WIC? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Program for pregnant /nursing /young children)</i>	Do you receive 3SquaresVT/ EBT? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, please let us know if you would like an application.</i>
Do you have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please check type- <input type="checkbox"/> Medicaid <input type="checkbox"/> VT Health Connect <input type="checkbox"/> Medicare <input type="checkbox"/> Employment Based <input type="checkbox"/> Other	Your Highest Level of Education: <input type="checkbox"/> Up to 8 th grade <input type="checkbox"/> Associate's degree <input type="checkbox"/> Some high school (no diploma) <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> High school diploma or GED <input type="checkbox"/> Graduate studies <input type="checkbox"/> Some college (no degree) <input type="checkbox"/> Graduate degree
Work status: <input type="checkbox"/> Work full time <input type="checkbox"/> Work part time <input type="checkbox"/> Currently unemployed <input type="checkbox"/> Not in labor force <input type="checkbox"/> Retired	

Other FAMILY members who live in the household and generally eat together

None

	First and Last Name	DOB	Gender	Relationship to you
1				
2				
3				
4				
5				
6				
7				

Please continue on other side

Data entry

MONTHLY INCOME

- Please fill in **monthly dollar amount** in the chart below for family members who receive income. Roommate/ housemate/personal attendant income does not need to be included.
- 3SquaresVT is NOT considered cash income and does not need to be listed.

NO ONE in my household has any income at this time.

<i>Types of income</i>	<i>You</i>	<i>Your Spouse/ Partner</i>	<i>Other Adult(s)</i>
Wages (Job or Self-employed)	\$	\$	\$
Social Security (Retirement)	\$	\$	\$
SSI or SSDI (Disability)	\$	\$	\$
Reach Up (TANF)	\$	\$	\$
Child Support	\$	\$	\$
Other income sources: <input type="checkbox"/> General Assistance <input type="checkbox"/> Unemployment Compensation <input type="checkbox"/> Pension <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> _____	\$	\$	\$
<i>Totals by column</i>	\$	\$	\$

Confidentiality Policies

It is our policy at Capstone Community Action to respect your privacy, guard your personal information, and to keep you informed of your rights. We comply with the State of Vermont Agency of Human Services Consumer information and Privacy Rule. By signing below, you are providing informed recognition of your rights under said rule.

Program Administration: Capstone Community Action staff will use and share individually identifiable information as required by our funding sources for the purpose of program administration. Examples include reporting, billing, and recordkeeping.

Mandated Reporting

VT state law: "Any mandated reporter who reasonably suspects abuse or neglect of a child shall report in accordance with the provisions of Section 4914 of the Title within 24 hours of the time information regarding the suspected abuse or neglect was first received or observed." [33 V.S.A. § 4913(c)].

"Any [mandated reporter] who knows of or has received information of abuse, neglect, or exploitation of a vulnerable adult or who has reason to suspect that any vulnerable adult has been abused, neglected, or exploited shall report or cause a report to be made in accordance with the provisions of Section 6904 of this title within 48 hours." [VSA Title 33 Chapter 069].

Capstone Community Action shares an important responsibility with the Dept. for Children and Families (DCF), the Dept. of Disabilities, Aging and Independent Living (DAIL), and all Vermonters, keeping children and vulnerable adults safe and ensuring they live in safe, supportive, and healthy environments.

Certification

By signing this document, I give my word that the information I provide in this application is true and complete to the best of my knowledge. I understand that, if I knowingly provide false information, assistance may be denied.

Our Discrimination Policy

Capstone Community Action honors community diversity and does not discriminate in hiring or providing services on the basis of race, color, culture, language, national origin, religion, creed, political affiliation, family composition, marital status, sexual orientation, class, gender/gender identity, age, mental/sensory/physical disabilities.

Your Signature: _____ **Date:** _____

Capstone Use: Annual Household Income: \$ _____ # people _____ Tefap