

Food Shelf Intake for FY20 (10/1/19-9/30/20)



Today's date:

First Name:	M.I.	Last Name:
Birthdate:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Social Security (last four):
Phone #: <input type="checkbox"/> Cell <input type="checkbox"/> Landline <input type="checkbox"/> Message	Email:	
Living Address: Street: _____ Apt. #: _____ Town: _____ State: _____ Zip: _____	Mailing Address: <input type="checkbox"/> Same as living address Street: _____ Apt. #: _____ Town: _____ State: _____ Zip: _____	

Race: <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African <input type="checkbox"/> American Indian <input type="checkbox"/> Bi-racial <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Prefer not to answer	
Ethnicity: 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"/> Active <input type="checkbox"/> Veteran
Receiving WIC? <input type="checkbox"/> Yes <input type="checkbox"/> No	Currently receiving 3SquaresVT? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, have you received 3SquaresVT in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No
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"/> Other <input type="checkbox"/> Employment Based	Highest Level of Education: <input type="checkbox"/> Up to 8 th grade <input type="checkbox"/> Associate's degree <input type="checkbox"/> Some high school <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> High school or GED <input type="checkbox"/> Graduate studies/degree <input type="checkbox"/> Some college (no degree)

OTHER Household Members – Do NOT include yourself here

#	First Name	Last Name	DOB	Gender
1				
2				
3				
4				
5				
6				

Please continue on reverse side

PCAP

MONTHLY CASH INCOME – 3 SquaresVT is NOT considered income

Check here if you have NO household income at this time.

Please fill in **dollar amount** in chart below for each person for each type of income received.

Type of income	You	Spouse/partner	Other Household member	Other Household member
Earned income:	<input type="checkbox"/> Full time <input type="checkbox"/> Part time \$	<input type="checkbox"/> Full time <input type="checkbox"/> Part time \$	<input type="checkbox"/> Full time <input type="checkbox"/> Part time \$	<input type="checkbox"/> Full time <input type="checkbox"/> Part time \$
Unemployment	\$	\$	\$	\$
Worker's Comp	\$	\$	\$	\$
SSI	\$	\$	\$	\$
SSDI	\$	\$	\$	\$
Reach Up (TANF)	\$	\$	\$	\$
General Assistance	\$	\$	\$	\$
Child Support/Alimony	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
Pension/Retirement	\$	\$	\$	\$
Other income & type:	\$	\$	\$	\$
TOTALS	\$	\$	\$	\$

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." [V.S.A. 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 (DAAIL), 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.

Applicant's Signature: _____ **Staff Initials:** _____