

Today’s Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **FOOD SHELF - FY24**

|  |  |  |  |
| --- | --- | --- | --- |
| Your First Name: M.I. | | Your Last Name: | |
| Birthdate: | Gender Identification:  🞎 Male 🞎 Female 🞎 Non-Binary 🞎 Other | | Social Security (last four): |
| Phone Number: | | Email (opt.): | |
| **Living** Address:  Street:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt. #:\_\_\_\_  Town:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **Mailing** Address: 🞎 Same as living address  Street:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt. #:\_\_\_\_\_  Town:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

**Demographics:**

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

|  |  |  |  |
| --- | --- | --- | --- |
| *Types of income* | *You* | *Your Spouse/ Partner* | *Other Adult(s)* |
| Wages (Job or Self-employed) | $ | $ | $ |
| Social Security (Retirement) | $ | $ | $ |
| SSI or SSDI (Disability) | $ | $ | $ |
| Reach Up (TANF) | $ | $ | $ |
| Child Support | $ | $ | $ |
| Other income sources:    🞎 General Assistance  🞎 Unemployment Compensation  🞎 Pension  🞎 Worker’s Compensation  🞎 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ | $ | $ |
| *Totals by column* | $ | $ | $ |

**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 of 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 🞎