



Food Pantry Intake Form

Record No. _____

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email Address _____

Date of Birth: _____ Number of Children (Ages 0-17) _____

Number of Adults (18-59) _____

Number of Seniors (60+) _____

Gender: Male Female

Ethnicity: Hispanic/Latino Non-Hispanic/Latino

Do you have a criminal background? YES NO
Select YES if you have a felony or misdemeanor or NO if the record is expunged.

Race: American Indian or Alaska Native Asian Black or African American
 Multiple races White Other

Please answer the following questions:

What is your marital status? Single Married Divorced Separated Widowed

What is your housing type? No home With friends or family Free/subsidized housing Rent Own

What is your employment status? Employed full-time Employed part-time Not employed

What is highest level of education? Less than high school High school diploma, GED, or equivalent

Some college, no degree Associate Degree Bachelor's Degree Graduate Degree

What is your HOUSEHOLD income? Under \$20,000 \$20,000-35,000 \$35,000-55,000 \$55,000-70,000

\$70,000+ Unknown

Do you live in a rural area? Yes No *(Rural: located outside of cities and the center of towns)*

How can we help you? (Check all that apply) Call Catholic Charities at 214-520-6590

Find a job or find a better job

Apply for and obtain Financial Aid for school

Earn your GED

Check and improve your credit score

Learn and practice your English

Create a budget and save money

Enroll in job skills training

Apply for benefits (such as SNAP, Medicaid)

Enroll in citizenship classes

Get free groceries

[Type here]

Disclaimer and Signature

APPLICANT'S AUTHORIZATION:

I hereby state that all of the information I have provided to Catholic Charities of Dallas, Inc. is true and correct. Catholic Charities of Dallas, Inc. operates in accordance with Federal law and the U.S Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usdagov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

Applicant's Signature: _____

Print Name: _____

Date: _____

Advocates Names: _____

Number of boxed food that was provided:

A1 _____	B1 _____	C1 _____	D1 _____
A2-3 _____	B2-3 _____	C2-3 _____	D2-3 _____
A4-5 _____	B4-5 _____	C4-5 _____	D4-5 _____

Comments: _____

