Date of Service: Staff Member:

**Section I: Applicant Information**

**Applicant’s Name** (Last, First, Middle) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Birth Date** (mm/dd/yy) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Zip Code** \_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gender** **Education** **Military Status**

[ ]  Female [ ]  Grades 0-8 [ ]  Veteran

[ ]  Male [ ]  Grades 9-12 / Non-Grad [ ]  Active Military

[ ]  Other [ ]  High School Grad / GED [ ]  No Military Service

**Ethnicity** (one block **must** be checked) [ ] 12 grade + some post-secondary

[ ]  Hispanic, Latino, or Spanish Origins [ ]  2 or 4 year College Grad **Health Status**

[ ]  Not Hispanic, Latino, or Spanish Origins [ ]  Other post-secondary Grad Disabled? [ ]  Yes [ ]  No

**Race** **Work Status** Health Insurance? [ ]  Yes [ ]  No

[ ]  American Indian or Alaska Native [ ]  Employed Full-Time **Health Insurance Sources**

[ ]  Asian [ ]  Employed Part-Time [ ]  Medicaid

[ ]  Black or African American [ ]  Migrant Seasonal Farm Worker [ ]  Medicare

[ ]  Native Hawaiian / Pacific Islander [ ]  Unemployed (Less than 6 mo.) [ ]  State Children’s Health Ins.

[ ]  White [ ]  Unemployed (More than 6 mo.) [ ]  State Health Ins.for Adults

[ ]  Other [ ]  Unemployed (Not in Labor Force) [ ]  Military Health Care Ins

[ ]  Multi-Race (two or more of the above) [ ]  Retired [ ]  Direct-Purchase

 [ ]  Currently In School [ ]  Employment Based Ins.

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**Section II: Emergency Contact Information**

**Contact Name / Address / Phone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Name / Address / Phone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section III: Applicant’s Household Information**

**Household Type** **Other Income Source** (Please check **all** blocks that apply)

[ ]  Single Person [ ]  TANF [ ]  Child Support

[ ]  Two Adults NO Children [ ]  SSI [ ]  Alimony / Spousal Support

[ ]  Single Parent Female [ ]  SSDI [ ]  Worker’s Compensation

[ ]  Single Parent Male [ ]  Social Security Retirement [ ]  Unemployment Insurance

[ ]  Two Parent Household [ ]  Pension [ ]  Earned Income Tax Credit

[ ]  Non-related Adults with Children [ ]  Private Disability Insurance [ ]  General Assistance

[ ]  Multi-generational Household [ ]  VA Disability (service-connected) [ ]  Other

[ ]  Other [ ]  VA Disability (non service)

**Household Size : \_\_\_\_\_\_\_\_\_\_\_ Non-Cash Benefits** (Please check **all** blocks that apply)

**Housing** [ ]  SNAP / CAL FRESH [ ]  Permanent Supportive Housing

[ ]  Own [ ]  WIC [ ]  HUD-VASH

[ ]  Rent [ ]  LIHEAP [ ]  Childcare Voucher

[ ]  Other permanent housing [ ]  Housing Choice Voucher [ ]  Affordable Care Act Subsidy

[ ]  Homeless [ ]  Public Housing [ ]  Other

[ ]  Other

**Total Monthly Income : $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section IV: Others Living in Household**

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**Name** (Last, First) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age\_\_\_\_\_\_ Birth Date** (mm/dd/yy)\_\_\_\_\_\_\_\_\_\_\_\_\_ **Gender\_\_\_\_\_\_**

**Education:** [ ]  Grades 0-8 [ ]  Grades 9-12 [ ]  HS Grad / GED **In School?** [ ]  Yes [ ]  No

 [ ]  12 Grade plus [ ]  2 or 4 yr college grad [ ]  Other grad **Working?** [ ]  Yes [ ]  No

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**Name** (Last, First) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age\_\_\_\_\_\_ Birth Date** (mm/dd/yy)\_\_\_\_\_\_\_\_\_\_\_\_\_ **Gender\_\_\_\_\_\_**

**Education:** [ ]  Grades 0-8 [ ]  Grades 9-12 [ ]  HS Grad / GED **In School?** [ ]  Yes [ ]  No

 [ ]  12 Grade plus [ ]  2 or 4 yr college grad [ ]  Other grad **Working?** [ ]  Yes [ ]  No

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**Name** (Last, First) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age\_\_\_\_\_\_ Birth Date** (mm/dd/yy)\_\_\_\_\_\_\_\_\_\_\_\_\_ **Gender\_\_\_\_\_\_**

**Education:** [ ]  Grades 0-8 [ ]  Grades 9-12 [ ]  HS Grad / GED **In School?** [ ]  Yes [ ]  No

 [ ]  12 Grade plus [ ]  2 or 4 yr college grad [ ]  Other grad **Working?** [ ]  Yes [ ]  No

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**Name** (Last, First) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age\_\_\_\_\_\_ Birth Date** (mm/dd/yy)\_\_\_\_\_\_\_\_\_\_\_\_\_ **Gender\_\_\_\_\_\_**

**Education:** [ ]  Grades 0-8 [ ]  Grades 9-12 [ ]  HS Grad / GED **In School?** [ ]  Yes [ ]  No

 [ ]  12 Grade plus [ ]  2 or 4 yr college grad [ ]  Other grad **Working?** [ ]  Yes [ ]  No

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**Name** (Last, First) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age\_\_\_\_\_\_ Birth Date** (mm/dd/yy)\_\_\_\_\_\_\_\_\_\_\_\_\_ **Gender\_\_\_\_\_\_**

**Education:** [ ]  Grades 0-8 [ ]  Grades 9-12 [ ]  HS Grad / GED **In School?** [ ]  Yes [ ]  No

 [ ]  12 Grade plus [ ]  2 or 4 yr college grad [ ]  Other grad **Working?** [ ]  Yes [ ]  No

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**[ ]  Pets #Dogs: \_\_\_\_ #Cats: \_\_\_\_**

**In order to qualify for the Senior Brown Bag Program, you must be 60 years of age or older and meet the California Department of Social Services income guidelines.**

* **A voluntary donation of $12.00 (twelve dollars) per year is used to defray operating costs. Donations are used for the Senior Brown Bag Program only.**
* **Food is subject to availability. Quantity, quality, and selection may vary. All food distributed meets FDA and Environmental criteria.**
* **Boxes of food MUST be picked up on the distribution day. They cannot be held, or left without someone present.**
* **Please call (707) 253-6128 if you are unable to pick up your bag.**
* **Mail to 1766 Industrial Way, Napa, CA 94558**
* **By signing this application, you certify that you meet the low income guidelines.**

*I certify that the information I have provided on this form is, to the best of my knowledge, complete and correct*

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date Application Received: [ ]  New [ ]  Return

Amount Paid: $ [ ]  Cash [ ]  Check – Check Number: