



COMMUNITY ACTION OF NAPA VALLEY

Date

Intake Worker

Food Pantry Application

Name: (First, Middle, Last) _____

Address: _____ **City:** _____ **Zip Code:** _____

Birth Date: (m/d/yyyy) _____ **Phone:** _____

Email: _____

Gender: ☐ Female ☐ Male ☐ Other

Military Status: ☐ Veteran ☐ Active Military ☐ No Military Service

Education:

☐ Grades 0-8 ☐ Grades 9-12 / Non-Grad ☐ High School Grad / GED

☐ 12 grades + post-secondary ☐ 2- or 4-year College Grad ☐ Post-secondary Grad

In School? ☐ Yes ☐ No **Working?** ☐ Yes ☐ No

Monthly Income:

Health Status: Disabled? ☐ Yes ☐ No

Health Insurance? ☐ Yes ☐ No

Health Insurance Sources:

☐ Medicaid ☐ State Health Insurance

☐ Direct-Purchase ☐ Medicare

☐ Employment Based Ins.

☐ Military Health Care INS

☐ State Children's Health Ins.

_____ **PER MONTH**

Ethnicity: (check one block)

☐ Hispanic, Latino, or Spanish Origins

☐ Not Hispanic, Latino, or Spanish Origins

Race:

☐ American Indian or Alaska Native

☐ White

☐ Asian

☐ Other

☐ Black or African American

☐ multi-Race (two or more of the above)

☐ Native Hawaiian / Pacific Islander

Work Status:

☐ Employed Full-Time ☐ Employed Part-Time ☐ Migrant Seasonal Farm Worker

☐ Unemployed (Less than 6 mo.) ☐ Unemployed (More than 6 mo.) ☐ Retired.

☐ Unemployed (Not in Labor Force) ☐ Currently in School

Household Type

- ☐ Single Person
- ☐ Two Adults NO Children
- ☐ Single Parent Female
- ☐ Single Parent Male
- ☐ Two Parent Household
- ☐ Housing Choice Voucher
- ☐ Other
- ☐ Non-related Adults with Children
- ☐ Public Housing
- ☐ Permanent Supportive Housing
- ☐ Multi-generational Household
- ☐ Other

Housing: ☐ Own ☐ Rent ☐ Other permanent housing ☐ Homeless

Non-Cash Benefits (Please check **all** blocks that apply)

- ☐ SNAP / CAL FRESH ☐ HUD-VA
- ☐ WIC ☐ Childcare Voucher ☐ LIHEAP
- ☐ Affordable Care Act Subsidy

Others Living in Household

Name: (First, Last) _____

Birth Date: (mm/dd/yyyy) _____

Gender: _____

Education: ☐ Grades 0-8 ☐ Grades 9-12 ☐ HS Grad / GED

☐ 12 Grade plus ☐ 2 or 4 yr. college graduate ☐ Another graduate.

In School? _____ **Working?** _____

Name: (First, Last) _____

Birth Date: (mm/dd/yyyy) _____

Gender: _____

Education: ☐ Grades 0-8 ☐ Grades 9-12 ☐ HS Grad / GED

☐ 12 Grade plus ☐ 2 or 4 yr. college graduate ☐ Another graduate.

In School? _____ **Working?** _____

Name: (First, Last) _____

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In School? _____ **Working?** _____

Name: (First, Last) _____

Birth Date: (mm/dd/yyyy) _____

Gender: _____

Education: ☐ Grades 0-8 ☐ Grades 9-12 ☐ HS Grad / GED

☐ 12 Grade plus ☐ 2 or 4 yr. college graduate ☐ Another graduate.

In School? _____ **Working?** _____

Comment / Notes:

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

Signature

Date