



## RESIDENT REGISTRATION FORM

To the best of your knowledge, please answer all questions, so we may better serve you. The information shared is for reporting purposes only and is not shared with outside entities.

Date: \_\_\_\_\_

Reason for visit:    Food Assistance    Applying for benefits    Recertification of Benefits    Referrals

Resident Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Head of Household:  Yes  No

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Are you or any members of your family currently receiving the following benefits/ assistance?**

WIC (Women, Infants & Child(ren))    SNAP (Supplemental Nutrition Assistance Program)    MEDICAID

SSI (Supplemental Security Income)    TCA (Temporary Cash Assistance)    FLORIDA KIDCARE

**Other member(s) of the household:**

First & Last Name	Age	Date of Birth	Relationship to Applicant

*\*Additional family members listed on back (if any).*

**Annual Income:**

1	<input type="checkbox"/> \$19,000 or less (ELI)	<input type="checkbox"/> \$31,650 or less (VLI)	<input type="checkbox"/> \$50,650 or less (LI)
2	<input type="checkbox"/> \$21,700 or less	<input type="checkbox"/> \$36,200 or less	<input type="checkbox"/> \$57,850 or less
3	<input type="checkbox"/> \$24,900 or less	<input type="checkbox"/> \$40,700 or less	<input type="checkbox"/> \$65,100 or less
4	<input type="checkbox"/> \$27,100 or less	<input type="checkbox"/> \$45,200 or less	<input type="checkbox"/> \$72,300 or less
5	<input type="checkbox"/> \$31,040 or less	<input type="checkbox"/> \$48,850 or less	<input type="checkbox"/> \$78,100 or less
6	<input type="checkbox"/> \$35,580 or less	<input type="checkbox"/> \$52,450 or less	<input type="checkbox"/> \$83,900 or less
7	<input type="checkbox"/> \$40,120 or less	<input type="checkbox"/> \$56,050 or less	<input type="checkbox"/> \$89,700 or less
8 or more	<input type="checkbox"/> \$44,660 or less	<input type="checkbox"/> \$59,700 or less	<input type="checkbox"/> \$95,450 or less

**Employment Status:**

- Currently Employed Full-Time
- Currently Employed Part-Time
- Unemployed
- Unemployed (due to COVID-19)
- Searching for Employment
- Student
- Retired

**Health Insurance:**

- Household Insured
- Household Uninsured
- Some members of household insured and some uninsured

**Dietary Restriction(s):**

- Diabetes
- Cholesterol
- Hypertension (High Blood Pressure)
- Other \_\_\_\_\_

**Are you able to pick up your food?**

- Yes
- No

**Race:**

- Black or African American
- American Indian or Alaska Native
- Asian
- White or Caucasian
- Latino or Hispanic
- Native Hawaiian or Pacific Islander
- Other: \_\_\_\_\_

**Ethnicity:**

- Latino or Hispanic
- Not Latino or Hispanic

**Housing:**

- Rent
- Own
- Shelter/ Temporary Housing/ Hotel
- Residing with a friend/ family/ family member
- Homeless/In need of housing

**Education:**

- Some primary school
- Middle school
- High School Diploma
- Vocational
- Associate
- Bachelor
- Master
- Doctorate

**Number of seniors in the household that are 55 and over:**

- 0
- 1-2
- 2-4
- 4-6
- 6 or more

**Number of children in the household that are under 18:**

- 0
- 1-2
- 2-4
- 4-6
- 6 or more

By signing below and to the best of my knowledge, I certify that all information provided on this form is true and correct. I understand that the NoMi Food Pantry is a supplemental program and is not meant to replace all of your food needs.

**Resident Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>For Office Use Only:</b>	
<b>Comments:</b>	
_____	
_____	
_____	
_____	
<b>Method Delivery Code:</b> _____	<b>City District:</b> _____