



For Office Use Only:

Record # _____

Appointment

Date and time: _____

Please answer all questions thoroughly so that we may serve you better. General information may be shared with outside agencies or entities (including the San Antonio Food Bank for reporting purposes).

Today's Date: _____

Head of Household Name: _____ Date of Birth: _____

Physical Address: _____

Apt. / Unit #: _____

Mailing Address: _____

City: _____ County: _____ Zip Code: _____

Phone #: (_____) _____ Do you receive text messages on this phone? Yes No

Secondary Phone #: (_____) _____ Email Address: _____

How many people live in your household?

Are you? American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White Hispanic

Are you? Cuban Mexican Puerto Rican South or Central American
 Other Spanish culture or origin

Household Composition Single Parent Single Adult Married Separated Divorced
 Seniors Raising Grandchildren Senior Living Alone
 Widowed Two Parent Home

How many individuals in the household are

Seniors (over 60) Senior (Over 65) Physically Disabled
 Victims of Abuse Mentally Disabled Chronically Ill Homeless
 Active Military Retired Military Reserve Military Veteran



What is the Gross Income (before deductions) for all household members combined?

\$ _____ Weekly Every two weeks Monthly Yearly

Have you received any services from HCFS in the past: Yes No

Please check if you or any other household member receive assistance from any of the following sources:

<input type="checkbox"/>	SSI/SSDI
<input type="checkbox"/>	TANF (Temporary Assistance for Needy Families)
<input type="checkbox"/>	Free/Reduced School Lunch Program
<input type="checkbox"/>	SNAP (Food Stamps)
<input type="checkbox"/>	Medicaid/Medicare

Please complete the following information regarding ALL individuals (beside yourself) living in your home:

Name	Date of Birth	Male/Female	Relationship (spouse, child, etc.)

Indicate the name(s) of authorized individual(s) whom you would like to allow to be able to pick up product for your household:

By signing below, I certify that:

- I am a member of the household living at the address provided above and that, on behalf of the household, I apply for USDA Foods that are distributed through The Emergency Food Assistance Program;
- all information provided to the agency determining my household's eligibility is, to the best of my knowledge and belief, true and correct; and
- if applicable, the information provided by the household's "Authorized Representative" (as named above) is also, to the best of my knowledge and belief, true and correct.

Client Signature: _____

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

Warning: Hill Country Family Services will not tolerate physical or verbal abuse towards our staff members, this behavior will result in termination of services.