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

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**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: