



# San Antonio Food Bank Project HOPE Participant Application

*Please answer all questions so that we may serve you better. This information will not be shared with any other outside agency or entity others than the San Antonio Food Bank for reporting purposes.*

**Project HOPE Site Location -West Avenue Compassion**

**Date of Intake:** \_\_\_\_\_

**Household Information**

<b>YOUR NAME</b>	<b>Date of Birth:</b>
<b>ADDRESS</b>	Gender: Male      Female
<b>CITY / STATE / ZIP/</b> San Antonio, Tx	<b>Number of Veterans in the House:</b>
<b>PHONE</b>	County: Bexar

**How many people live in your house:**  **Are you head of the household?**    Yes     No

**Are you?**

African American		Asian		White		Hispanic		Native American		Other	
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**How many people live in your house in the following age groups: (please write the number in the box)**

<b>0-5 yrs</b>		<b>6-18 yrs</b>		<b>19-40 yrs</b>		<b>41-59 yrs</b>		<b>60 and over</b>	
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**Please indicate the age of each of your household members.**

Household Member		Household Member	
Household Member		Household Member	
Household Member		Household Member	

**Do you and your family receive any type of assistance? Check all that apply**

Temporary Assistance To Needy Families (TANF / AFDC)		SNAP (Food Stamps)	
SSI		Medicaid	
CHIP		None	

**The Total Gross Income (the amount before deductions) of all household members is:**

GROSS INCOME	\$		Per Year		Per Month		Per Week	
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**Client Signature (client must be present for initial interview and food assistance) \_\_\_\_\_ Date \_\_\_\_\_**

*I certify that I am a member of the household listed above and that on behalf of this household I have applied for USDA Products. I certify that all information regarding my household is true to the best of my knowledge. I also designate the following person as an authorized representative of my household and certify that their information is correct to the best of my knowledge. Authorized representative is able to pick up product for client until re-certification is necessary...*

<b>Name of Proxy:</b> ( name of family member or person to act on their behalf)	<b>Proxy Phone:</b>
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## AGENCY DOCUMENTATION

**Proof of Eligibility:**

**Client Status:**

Age Verification: <input type="checkbox"/>	New: <input type="checkbox"/>	Relocating: <input type="checkbox"/>	If yes, were from? _____
Address & Income <input type="checkbox"/>	Recertifying: <input type="checkbox"/>	Approved by: _____	

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