

**Office Use Only:**

New Client \_\_\_\_\_ Update C-192020 \_\_\_\_\_

Off-site Client \_\_\_\_\_ Senior Household (60+) \_\_\_\_\_

Reviewed by Volunteer/Staff \_\_\_\_\_

**Grayson County Alliance**

2203 Brandenburg Road, Leitchfield, KY 42754

270-259-4000 Email: [info@gc-alliance.com](mailto:info@gc-alliance.com)**New Client: Please call for times.**

Name: (First, Last)

Address:

City:

State: KY

Zip:

SS# (last 5 digits)

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone:

Text:  Yes  NoDriver's License:  Yes  No

Alternate Contact:

Contact Phone:

Gross Monthly Income:

Head of Household:  Yes  No

Name of Spouse:

Total Household Numbers:

#Children:

#Adults:

#Seniors: (60+)

Gender:  Male  Female  Other  Unknown  RefusedMarital Status:  Married  Single  Partnered  Widowed Separated  Divorced  Unknown  RefusedEthnicity:  White  Black or African American  Asian Native Hawaiian/Other Pacific Islander  American Indian/Alaska Native Non-Hispanic/Latino  Hispanic/Latino  Other  Unknown  RefusedEmployment Status:  Employed  Unemployed  Disabled  Retired Other  Unknown  RefusedEducation:  High School Diploma  GED  Post-Secondary Education Other--Grade Completed \_\_\_\_\_  No Schooling Completed Unknown  RefusedMilitary:  None  Active Duty  Reserves  Discharged  Retired Unknown  Refused**CLIENT AGREEMENT—I understand that I must meet income and residency guidelines to qualify for**

**services and that these guidelines are subject to change.** I understand that Grayson County Alliance enters all service data and application information into the Charity Check software system. I understand that my photo or ID may accompany my information. I understand that I may be disqualified from receiving assistance by making false statements or from the withholding of documentation. I further understand that I may be subject to criminal prosecution under State and Federal law and it may result in having to repay for the value of food or services improperly issued to me. The goal of the GCA (Food Pantry) is to provide food and other services to assist individuals as they become self-sufficient. I give the Alliance permission to verify and/or share with the referring agencies the information that I have provided about my household.

I have read the above, or had it read to me, and I fully understand the information in this document. I agree to abide by all the rules and procedures of this program. I hereby authorize Grayson County Alliance to obtain and/or release any information pertaining to my request for assistance.

**THIS AUTHORIZATION DOES NOT EXPIRE UNLESS REQUESTED IN WRITING.**

Client Signature: \_\_\_\_\_ DATE: \_\_\_\_\_ (R11/20)

|  |  |
|--|--|
| <b>HOUSEHOLD MEMBER FORM</b> Name: (First, Last)   |  |
| Birthdate: ____/____/____  | Name of Spouse   |
| SS# (last 5 digits)  | Driver's License: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Gross Monthly Income (Family Member only):   |  |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other Unknown <input type="checkbox"/> Refused  |  |
| <b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Partnered <input type="checkbox"/> Widowed<br><input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown <input type="checkbox"/> Refused  |  |
| <b>Ethnicity:</b> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian<br><input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian/Alaska Native<br><input type="checkbox"/> Non-Hispanic/Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Refused |  |
| <b>Employment Status:</b> <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled <input type="checkbox"/> Retired<br><input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Refused   |  |
| <b>Education:</b> <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> Post-Secondary Education<br><input type="checkbox"/> Other School Grade Completed _____ <input type="checkbox"/> No Schooling Completed<br><input type="checkbox"/> Unknown <input type="checkbox"/> Refused  |  |
| <b>Military:</b> <input type="checkbox"/> None <input type="checkbox"/> Active-Duty <input type="checkbox"/> Reserves <input type="checkbox"/> Discharged <input type="checkbox"/> Retired<br><input type="checkbox"/> Unknown <input type="checkbox"/> Refused  |  |
| <b>Relationship to Head of Household</b> <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Grandparent<br><input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown   |  |

|  |  |
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