



Grayson County Alliance

2203 Brandenburg Road, Leitchfield, KY 42754

270-259-4000 Email: info@gc-alliance.com

New Client Intake: Tuesdays and Fridays
Please call for times.

Name: (First, Last)			
Address:			
City:	State:	Zip:	
SS# (last 5 digits)	Birthdate: ____/____/____		
Phone:	Driver's License: <input type="checkbox"/> Yes <input type="checkbox"/> No DL #		
Alternate Contract:	Contact Phone:		
Gross Monthly Income:	Head of Household: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Spouse:			
Household Numbers:	Children:	Adults:	Seniors: (60+)
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Refused			
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Partnered <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown <input type="checkbox"/> Refused			
Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Non-Hispanic/Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Refused			
Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled <input type="checkbox"/> Retired <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Refused			
Education: <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> Post-Secondary Education <input type="checkbox"/> Other School Grade Completed _____ <input type="checkbox"/> No Schooling Completed <input type="checkbox"/> Unknown <input type="checkbox"/> Refused			
Military: <input type="checkbox"/> None <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserves <input type="checkbox"/> Discharged <input type="checkbox"/> Retired <input type="checkbox"/> Unknown <input type="checkbox"/> Refused			
I certify that all the above information is true and correct. I understand that I may be disqualified from receiving assistance by making false statements or from the withholding of documentation. I hereby authorize Grayson County Alliance to obtain and/or release any information from and to any source pertaining to my request for assistance. I understand that Grayson County Alliance enters all gift data or gift denials into the Charity check system as well as the information provided on this intake form. I understand that my photo or photo ID may accompany my information in Charity Check. This is a data sharing network in cooperation with churches and human service agencies. THIS AUTHORIZATION DOES NOT EXPIRE UNLESS REQUESTED IN WRITING.			
Signature:		DATE:	GCA Staff: _____

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

RECIPIENT AGREEMENT

The goal of the Grayson County Alliance (Food Pantry) is to provide food and other services to assist individuals and families who are in need and to help you become self-sufficient. Efforts will be made to assist you in all areas by making referrals to other agencies.

I give the Alliance permission to verify and/or share with the agencies listed below the information that I have provided about myself and any member in my household. I authorize the agencies below to release information to the Alliance about me and my dependents for the purpose of coordinating services.

*Breckinridge-Grayson Programs, Inc. (Head Start)
 *Department for Community Based Services
 *Grayson County Board of Education (including FRC)
 *Grayson County Health Department
 *Lincoln Trail Domestic Violence Agency
 *Other members of the Grayson County Alliance

*Community Action
 *Department for Employment Services
 *Grayson County Extension Office
 *Grayson County Ministerial Assoc.
 *St. Vincent DePaul/Catholic Charities

I understand that making a false statement may result in having to pay the State or County for the value of food or services improperly issued to me. I further understand that I may be subject to criminal prosecution under State and Federal law.

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 and I realize failure to do so may result in loss of services.

Recipient Signature

Date