

PIA Basic Needs Project Intake Form

APPLICANT INFORMATION:

NAME: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

PHONE NUMBER: _____

Please list the name and phone number of someone that may pick up items on your behalf:

Are you Alaska Native/American Indian? Yes No

****You must be enrolled at the Petersburg Indian Association to receive this service. If you are not currently enrolled with us, please see the front desk. A copy of your enrollment card is required to process the application.***

Enrollment Verified (Office Use Only) Yes No

HOUSEHOLD INFORMATION: (Income includes but is not limited to salaries or wages, child support, food stamps, social security, unemployment, retirement, or any type of public assistance)

NAME	AGE	RELATION TO HEAD	MONTHLY INCOME
		SELF	

ATAP/TANF:

In the last 30 days have you received income from TANF or ATAP? Yes No

Have you been determined ineligible for ATAP/TANF? Yes No

Have you been denied ATAP or TANF? Yes No

Are you eligible to apply for ATAP/TANF? If no, please explain why. Yes No

FOOD STAMPS:

In the last 30 days have you received food stamps? If yes, please skip this section and move on to “employment”. Yes No

Have you been determined ineligible for food stamps? Yes No

Have you been denied food stamps? Yes No

Are you eligible to receive food stamps? If no, please explain why. Yes No

EMPLOYMENT OF APPLICANT:

Employment status (select one):

Full Time Part Time Seasonal Unemployed Retired

If unemployed, please explain why.

Please explain your current living situation and why you are in need at this time (job loss, sickness, disability, job layoff, etc.):

I _____ understand that the PIA Basic Needs Project exists to provide assistance to people and families who require help. I understand that these items are not for resale and will withhold from that activity. By accessing help from the PIA Basic Needs Project, I affirm that my household genuinely needs assistance. I understand that items are given on a first come, first serve basis and no trades or changes are to be made to an order after a Shopping List has been turned in. I have received a copy of the Service Use Guidelines and agree to all conditions outlined in that document. I understand and agree to all aforementioned rules and conditions. I understand that any violation of these terms will terminate this agreement, and my eligibility for this program for the duration of 6 calendar months.

Signature: _____ Date: _____

*****OFFICE USE ONLY*****

Decision of Application: *Approved* *Denied*

PIA Pantry Director

Date