

**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)

<b>NAME</b>	<b>AGE</b>	<b>RELATION TO HEAD</b>	<b>MONTHLY INCOME</b>
		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

\_\_\_\_\_  
Victoria Shay

\_\_\_\_\_  
Date