



Application for Grocery Delivery



Today's Date: _____

America's Hauling for Hope

website: <https://americashaulingforhope.org>

email: info@AHHFoodPantry.org

text: 240-527-8075 office: 1-833-934-2858

This application can be found on our website.

How did you hear about us? _____

PERSONAL INFORMATION

Full Name: _____ Date of Birth: _____

Address: _____
Street Address Apt/Room # City, State & Zip

Email: _____ Phone: _____

Race: White (optional) (Caucasian, non Hispanic): Black: Asian: Hispanic: Other: Specify Other: _____

Household Information (check all that apply)

- SNAP (Food Stamps)
- TANF
- Unemployment Recipient
- Medical Assistance
- Energy Assistance

Number **IN** Household: _____

Children (17 or younger): _____

Adults (18 or older): _____

INCOME ELIGIBILITY

(Gross income means a household's total, non-excluded income, before any deductions have been made. Excluded income includes funds from government programs.)

Household Size	Gross monthly income (130 percent of poverty)	Net monthly income (100 percent of poverty)
1	\$1,632	\$1,255
2	\$2,215	\$1,704
3	\$2,798	\$2,152
4	\$3,380	\$2,600
5	\$3,963	\$3,049
6	\$4,546	\$3,497
7	\$5,129	\$3,945
8	\$5,712	\$4,394
Each additional member	+\$583	+\$449

Is your **GROSS** household income, based on household number on the chart, **BELOW** or **AT** the amount level indicated? (Doesn't include Government programs)

YES (Below or AT):

NO (My GROSS is higher):

IS THERE ANYTHING YOU WOULD LIKE US TO KNOW?



Terms of Service, Release of Information, & Release of Liability

By signing this document below the person named at the top of this form, further know as "Client", acknowledges they have the right to authorize full release of information provided in this form to America's Hauling for Hope, further know as "AHH", AHH's collaborative partners, nonprofits, not-for-profits, corporations, and any entities and/or individuals that may be able to assist and/or provide additional services, information, and/or resources. The Client releases AHH and anyone associated to and/or with access to information provided completely from all liability, damages, costs, and/or legal action from past, present, or future claims by the Client and/or the Client's relatives, and/or those acting on the Client's behalf. The Client is of legal age, acknowledges they are sound of mind, and are legally able to sign for themselves. The Client also gives AHH permission to act in their interest to acquire free resources for the Client and/or the Client's household. Client acknowledges that AHH is required to comply with federal, state, and local human rights laws that prohibit discrimination to include, but not be limited to: Race, Sex, National origin, Disability, Religion, Pregnancy, and Sexual preference or transgender status. By Signing this document the Client acknowledges that they fully understands and accepts the "Terms of Service, Release of Information, & Release of Liability".



Signature

OFFICE USE ONLY

- Washington
- Allegany
- Fredeick

Program Name: _____

Start Date: _____

Best Contact Method: _____

Notes: _____

Once completed, send picture of this document to:

EMAIL= info@ahhfoodpantry.org *OR* TEXT= (240) 366-1649