

COMPASSION MINISTRY OUTREACH

**APPLICATION
FORM**

Head of Household:

First Name _____

Middle Initial _____
Last Name _____

Address _____

City _____
Zip _____

Social Security Number _____

Sex _____ Date of Birth _____
Phone _____

Verified Yes No _____ / / _____

SPOUSE OR SIGNIFICANT OTHER:

First Name _____

Middle Initial _____
Last Name _____

Social Security Number _____

Sex _____ Date of Birth _____
Phone _____

Verified Yes No _____ / / _____

OTHER HOUSEHOLD MEMBERS :

Full Name (First and Last)	Sex	Social Security Number	Date of Birth
		Verified <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	/ /
		Yes <input type="checkbox"/> No <input type="checkbox"/>	/ /
		Yes <input type="checkbox"/> No <input type="checkbox"/>	/ /
		Yes <input type="checkbox"/> No <input type="checkbox"/>	/ /
		Yes <input type="checkbox"/> No <input type="checkbox"/>	/ /
		Yes <input type="checkbox"/> No <input type="checkbox"/>	/ /
		Yes <input type="checkbox"/> No <input type="checkbox"/>	/ /
		Yes <input type="checkbox"/> No <input type="checkbox"/>	/ /
		Yes <input type="checkbox"/> No <input type="checkbox"/>	/ /
		Yes <input type="checkbox"/> No <input type="checkbox"/>	/ /

***SOCIAL SECURITY NUMBERS ARE NOT RECORDED. WE ONLY USE SOCIAL SECURITY CARDS TO VERIFY THE NUMBER OF HOUSEHOLD INDIVIDUALS.**

OTHER HOUSEHOLD INFORMATION - Optional

Please indicate in this space anything you think we should be aware of about your family, such as living conditions, health problems, disabilities, etc.

SIGNATURE OF APPLICANT

I affirm that the above information is true and complete to the best of my knowledge.

SIGNATURE

DATE

CERTIFICATION BY INTAKE INTERVIEWER

I have personally viewed documentary proof of all Social Security Numbers shown above.

SIGNATURE

DATE

FOOD RELEASE AGREEMENT

The "Compassion Ministry" is a ministry to individuals and families needing food assistance. We acquire foods from various sources which we believe to be reputable establishments. We request that you examine the contents of these packages of foods and determine if they are still in good and usable conditions. If you determine they have spoiled, please dispose of them. Since the foods are given free of charge to you, there is, therefore, no personal loss to you. These foods are given to you in good faith and we will not be held responsible for any harm which comes from their misuse. **This food is not for sale and/or resale.** The undersigned acknowledges and agrees to the foregoing statement.

This form shall be effective and binding indefinitely as to the present and future food distribution. This information is collected for profiling purposes only.

TOTAL HOUSEHOLD INCOME

<u>HOUSEHOLD SIZE</u>	<u>ANNUAL</u>	<u>MONTH</u>	<u>WEEK</u>
1			\$19,240 \$1,604
2			\$370 25,900 2,159
3			499 32,560 2,714
4			627 39,220 3,269
5			755 45,880 3,824
6			883 52,540 4,379
7		1,011	59,200 4,934
		1,139	

**Compassion Ministry of AHC - Central PA Food Bank - Bethesda Mission, and any other agency.
Photography or Video Release**

I, as representative of my household, understand that we will receive no remuneration in the event that our photographs, images, actions or voices are used in Bread of Life, Central Pennsylvania Food Bank, or Bethesda brochures, advertisements or visual presentations, or any other agency.

I understand the context in which our photo or video may appear in this promotion/publication, and also consent for all purposes of the reproduction or use of this photo or video by Bread of Life, Food Bank, Bethesda Mission, and or any other agencies, in all manners. I further understand that the material may not be used at all.

Finally, I release the designer(s), photographer, their nominees and designees of any personal and proprietary rights that I may have with, or in, the distribution or use of this photo reproduction.

Name (please print) _____

Signature _____ Date _____