

Fill-In Form Instructions

1. Complete the form.
2. Save completed form to your computer under a different name.
3. Email the form as an attachment to the appropriate contact.

If you are not sure where to email the form, contact our office at 701.746.5431.

Food Pantry Intake Form 2022
Red River Valley Community Action Agency, 4212 Gateway Dr, Grand Forks, ND 58203
701-746-5431 - Phone 701-746-0406 - FAX

| | | | | | |
|--|--|--|---|--|-----------------------------------|
| Date | First Name | | M.I. | Last Name | |
| Birthdate ____/____/____ | Age | Social Security Number ____-____-____ | | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Transgender | |
| Are you disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No | U.S Military <input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> None Military | | What is your Ethnicity? <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic | | How many in the Household? |
| What is your primary race? <input type="checkbox"/> American Indian / Alaska Native/ Indigenous <input type="checkbox"/> Asian / Asian American <input type="checkbox"/> Black / African American / African <input type="checkbox"/> Native Hawaiian / Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____ <input type="checkbox"/> Multi-race (two or more of the above) | | What is your highest level of education? <input type="checkbox"/> 0-8 th <input type="checkbox"/> 9 th -12 th non-grad <input type="checkbox"/> HS grad/GED <input type="checkbox"/> 12 grade + some Post-Secondary <input type="checkbox"/> 2 or 4 years College Graduate <input type="checkbox"/> Graduate of other Post-Secondary | | What is your medical coverage? <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> CHIP <input type="checkbox"/> State Health Insurance for Adults <input type="checkbox"/> Military Health Care <input type="checkbox"/> Employment Based <input type="checkbox"/> Other | |
| What is your family type? <input type="checkbox"/> Single Person <input type="checkbox"/> Single Parent Female <input type="checkbox"/> Single Parent Male <input type="checkbox"/> Two Adults. No Children <input type="checkbox"/> Two Parent Household <input type="checkbox"/> Non-related Adults with Children <input type="checkbox"/> Multigenerational Household <input type="checkbox"/> Other: _____ | | What is your current housing situation? <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other Permanent housing <input type="checkbox"/> Homeless <input type="checkbox"/> Other <input type="checkbox"/> Unknown | | Work Status? <input type="checkbox"/> Employed Full Time <input type="checkbox"/> Employed Part Time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Unemployed (Short Term, 6 months or less) <input type="checkbox"/> Unemployed (Long Term, more than 6 months) <input type="checkbox"/> Unemployed (Not in Labor Force) <input type="checkbox"/> Retired <input type="checkbox"/> Youth (14-24) neither working or in school | |
| Mailing Address | | | City | State ND | Zip Code |
| | | | County | | |
| Primary Phone Number: | | | Secondary Phone Number: | | Email Address: |
| | | | | | |
| What income do you receive? | How much? | How often? | What Benefits do you receive? | How much? | How often? |
| <input type="checkbox"/> Employment | \$ | | <input type="checkbox"/> SNAP | \$ | |
| <input type="checkbox"/> Social Security/SSI/SSDI (circle) | \$ | | <input type="checkbox"/> WIC | \$ | |
| <input type="checkbox"/> VA Benefits | \$ | | <input type="checkbox"/> LIHEAP | \$ | |
| <input type="checkbox"/> Child / Spousal Support (circle) | \$ | | <input type="checkbox"/> Section 8/ Public Housing | \$ | |
| <input type="checkbox"/> TANF | \$ | | <input type="checkbox"/> Permanent Supportive Housing | \$ | |
| <input type="checkbox"/> Pension / Retirement (circle) | \$ | | <input type="checkbox"/> HUD-VASH | \$ | |
| <input type="checkbox"/> Unemployment | \$ | | <input type="checkbox"/> Childcare Voucher | \$ | |
| <input type="checkbox"/> Other: _____ | \$ | | <input type="checkbox"/> Other: _____ | \$ | |
| <input type="checkbox"/> I have no income at this time (initial here): _____ | | | <input type="checkbox"/> I have no benefits at this time (initial here): _____ | | |
| <p>I, _____ [print name], understand Red River Valley Community Action (RRVCA) will maintain the confidentiality of personal and financial information I provide, except that RRVCA may share information with individuals within RRVCA or acting for RRVCA as necessary to provide services to me, to keep me updated about RRVCA programs, services and initiatives and to administer its programs and RRVCA may disclose information upon request of or as required by RRVCA's funding sources and/or for purposes of internal or external audits, monitoring, investigations or evaluations, and as authorized or required by law, legal process, or court order. For any other purpose, RRVCA will only disclose information with my written consent.</p> | | | | | |
| Applicant Signature: _____ | | | | Date: _____ | |

Additional Household Members – Do not include Head of Household (Person on first page)

| | |
|-----------------------------------|----------------------------|
| First Name | |
| Last Name | |
| Social Security # | |
| Birth Date | |
| Relationship to Head of Household | |
| Gender | |
| Primary race | |
| Ethnicity | Hispanic Non-Hispanic |
| Highest level of education | |
| Medical coverage | |
| Income type | |
| Income Amount | |
| Work Status | |
| Disabled Y or N | |

| | |
|-----------------------------------|----------------------------|
| First Name | |
| Last Name | |
| Social Security # | |
| Birth Date | |
| Relationship to Head of Household | |
| Gender | |
| Primary race | |
| Ethnicity | Hispanic Non-Hispanic |
| Highest level of education | |
| Medical coverage | |
| Income type | |
| Income Amount | |
| Work Status | |
| Disabled Y or N | |

| | |
|-----------------------------------|----------------------------|
| First Name | |
| Last Name | |
| Social Security # | |
| Birth Date | |
| Relationship to Head of Household | |
| Gender | |
| Primary race | |
| Ethnicity | Hispanic Non-Hispanic |
| Highest level of education | |
| Medical coverage | |
| Income type | |
| Income Amount | |
| Work Status | |
| Disabled Y or N | |

| | |
|-----------------------------------|----------------------------|
| First Name | |
| Last Name | |
| Social Security # | |
| Birth Date | |
| Relationship to Head of Household | |
| Gender | |
| Primary race | |
| Ethnicity | Hispanic Non-Hispanic |
| Highest level of education | |
| Medical coverage | |
| Income type | |
| Income Amount | |
| Work Status | |
| Disabled Y or N | |

RRVCA

Food Pantry Certificate Worksheet

Name: _____ Phone: _____

Address: _____

City/State/Zip: _____

Number of People in household: _____

How were you referred to our agency? _____

I understand that the Food Pantry is a service program of Red River Valley Community Action Agency and I certify that the gross annual income of all members of my house over 18 years of age does not exceed the income limits stated below for our household size.

| HH Size | Annual Income | Monthly Income | HH Size | Annual Income | Monthly Income |
|---------|---------------|----------------|---------|---------------|----------------|
| 1 | 24,980 | 2,082 | 5 | 60,340 | 5,028 |
| 2 | 33,820 | 2,818 | 6 | 69,180 | 5,765 |
| 3 | 42,660 | 3,555 | 7 | 78,020 | 6,502 |
| 4 | 51,500 | 4,292 | 8 | 86,860 | 7,238 |

For each additional household member, add \$8,840 annually and \$736 monthly.
Income eligibility based upon 200% of poverty.

Signature: _____ Date: _____

Community Action Region IV is an equal opportunity employer

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) Fax: (202) 690-7442; or

(3) Email: program.intake@usda.gov.

_____ Reviewed picture id and proof of residency