



Second Harvest Intake Form

Optional. You are not required to give us the information. However, without it, we can't report accurate

 First Name Middle Initial Last Name

 Address

 City, State Zip

_____ Yes _____ No _____ Yes _____ No _____
 Phone Number Is it Ok to contact you? Email Is it OK to contact you?

_____/_____/_____
 Date of Birth _____
 Age

What is your Gender?
 Male
 Female
 Other _____

What is your Race/Ethnicity (please circle)
 White Black
 Native American Hispanic
 Asian Middle Eastern
 Native Hawaiian Other _____

Other than yourself, how many people are in your household?
 Adults (18-64 years) _____ Children (0-17 years) _____ Seniors (65+ years) _____

Not including yourself, list the members in your household. Additional members may be listed on the back\

First Name	Last Name	Date of Birth or Age	Gender	Race/Ethnicity

Based on the number in your household, **is your family income less** than the Federal Poverty Guidelines **below**?
 Yes _____ No _____

Income Eligibility: (300% of Federal Poverty Guidelines)

Family size	Annual Income
One	\$0 - \$40,770
Two	\$40,771 - \$54,930
Three	\$54,931 - \$69,090
Four	\$69,091 - \$83,250
Five	\$83,251 - \$97,410
Six	\$97,411 - \$111,570
Seven	\$111,571 - \$125,730
Eight	\$125,731 - \$139,890

Add \$4,720 of allowable income for each additional family member.

Do you Receive SNAP – Supplemental Nutritional Assistance Program? Yes _____ No _____

- Check the program(s) in which you participate:
- _____ MFIP – Minnesota Family Investment Program
 - _____ Child Care Assistance
 - _____ GA – General Assistance
 - _____ Head Start
 - _____ Section 8
 - _____ NAPS – Nutritional Assistance Program for Seniors
 - _____ Public Housing
 - _____ WIC – Women, Infants, and Children
 - _____ Energy Assistance
 - _____ Free and reduced breakfast and lunch
 - _____ Weatherization
 - _____ None

Complete if you are picking up for someone else.
 Proxy Name _____
 Proxy Phone _____