***PLEASE NOTE – ALL sections must be completed, or request may not be fulfilled.**

Delivery pickup is by appointment only, **ONE** time per month for housed. **TWO** times for unhoused

Agency: CCBC ACBC DSS UMH F&CS UHS Other_____

PRINT Workers name & phone #: _____

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Recipient Information:

First Name: _____Last Name_____ DOB: ___/___/___

Street_____ Unit#_____ ZIPCODE_____

Phone #_____ Gender Identity ☐M ☐F ☐Other

☐ **Unhoused** (check if in hotel, couch surfing or homeless)

All Other Household Members (must be completed):

_____ # of Adults,18-59 yrs _____# of Children, 0-17yrs _____# of Seniors, 60+ years

Need date of birth for all household members

DOB: ____/____/____ DOB: ____/____/____ DOB: ____/____/____ DOB: ____/____/____

DOB: ____/____/____ DOB: ____/____/____ DOB: ____/____/____ DOB: ____/____/____

DOB: ____/____/____ DOB: ____/____/____ DOB: ____/____/____ DOB: ____/____/____

Use reverse side for additional household members

INCOME SUBSIDIES: (check each if applicable for anyone in the household)

MEDICAID____SSI____FOOD/SNAP____WIC____

If none is checked, is income below the 200% poverty level? ☐Yes ☐No

INDICATE Military Status: Veteran_____ Currently on Active Duty _____

RACE: (please circle)

White African Am Asian Hispanic Multiple Unknown

NEED/REQUEST: (please circle)

Food Hotel bag Homeless bag Diapers Size #_____ (only for age 0-2) Other (please note below)

_____

_____

_____

Rev:8-06-25