



Oficina Unicamente/Office Use Only

Statistical purposes

- Hispanic, African American, Caucasian, American Indian, Asian, OTHER, Seniors #

Application Food Outreach

Start Date, Preferred Day, No. In Family, Adults, Children, Today's Date, Reviewed by, Withdraw Date

Please print legibly—you MUST answer all questions. Por favor escriba claro—DEBE contestar todas las preguntas.

Name: Last/Apellido, First/Nombre, Middle/2nd Segundo Nombre, Age/Edad, F M

Name of Spouse: Last/Apellido, First/Nombre, Middle/2nd Nombre, Age/Edad, F M

Address: Number/Numero, Street/Calle, City/Ciudad, State/Estado, Zip Code/Codigo

Phone No. (You must have a telephone contact) Numero de Telefono (Usted necesita tener un numero para contactarlo)

Are you employed / Esta empleado Is Spouse Employed / Esta su esposa(o) empleado Yes/Si No (OFFICE USE ONLY) Events/Date

Are you or any household members receiving: Disability Benefits / Beneficios de Incapacidad, Social Security / Seguro Social, Unemployment Benefits / Beneficios de Desempleo, Food Stamps / Estampillas de comida. Yes/Si No AFDC, GR, MediCal, Medicare

Monthly Income: \$ Work/Trabajo, Benefits/Beneficios, Other/Otro 1.) \$ Total Monthly Income/Total Ingreso Mensual

Number of dependent children living in your home/ Numero ninos dependientes viviendo en su casa (Circle One) Rent Room, Rent Hse/Apt, Own Home 2.) \$ Monthly \$/ \$ Mensual 3.) \$ Total \$ Left/Total \$ Restate

List children and other household members, eldest to youngest: Nombre ninos y miembros residentes, (NO padres de familia) de mayor a menor:

- 1. Name/Nombre, Age/Edad, F M 5. Name/Nombre, Age/Edad, F M
2. Name/Nombre, Age/Edad, F M 6. Name/Nombre, Age/Edad, F M
3. Name/Nombre, Age/Edad, F M 7. Name/Nombre, Age/Edad, F M
4. Name/Nombre, Age/Edad, F M 8. Name/Nombre, Age/Edad, F M

Food Pickup time is 2:00 pm to 3:30 pm six days a week. Choose One: office use only/date: Retiro de Comida de 2:00 pm a 3:30 pm seis dias a la semana. Seleccione un dia: Mon/Lunes, Tue/Martes, Wed/Miercoles, Thurs/Jueves, Fri/Viernes, Sat/Sabado

You will not receive food today. Come next week on assigned day and ask Food Outreach Supervisor for your card. If you cannot make the pick-up on your assigned day, you must call in advance so that you will be able to pick up food the next week. Phone calls are honored as if you were present.

Usted no recibira comida hoy. Venga la proxima semana, en el dia asignado y pida su tarjeta de comida Outreach al Supervisor. Si no puede recibirla el dia asignado, por favor llame e informe para que pueda recibir la proxima semana. Las llamadas son aceptadas al igual que su presencia.

Who referred you to the House of Yahweh? / Quien lo refirio a La Casa de Dios(House of Yahweh?)

Rules for acceptance and participation in the program are the same for everyone without regard to race, color, national origin, age, sex, or handicap. Reglas de aceptacion y participacion en el programa, son las mismas para todos sin importar la raza, color, nacionalidad, edad, sexo o incapacidad