



Second Harvest Intake Form

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

First Name _____ Middle Initial _____ Last Name _____

Address _____

City, State Zip _____

Phone Number _____ Yes _____ No _____
 Is it Ok to contact you? Email _____ Yes _____ No _____
 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 - \$45,180
Two	\$45,181 - \$61,320
Three	\$61,321 - \$77,460
Four	\$77,461 - \$93,600
Five	\$93,601 - \$109,740
Six	\$109,741 - \$125,880
Seven	\$125,881 - \$142,020
Eight	\$142,021 - \$158,160

Add \$16,140 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
- _____ Weatherization
- _____ None

Complete if you are picking up for someone else.

Proxy Name _____

Proxy Phone _____