



ENDING HUNGER
ALL FAITHS FOOD BANK

Number of People in Household: 4

Primary Registration Information

*Last Name: Salamander *First Name: Robert

*Date of Birth: 12, 2, 1982 (mm/dd/yyyy)

*Gender: Male Female Transgender Undisclosed

*Marital Status: Single Married Common-Law Divorced Separated Widowed Undisclosed

*Address: 123 Sesame St.

Address (Line 2 - Apt, Lot or Unit #): _____ *County: Sarasota

*City: Sarasota *State: FL *Zip Code: 34236

No fixed address/ Undisclosed

*Housing Type: (Select one)

- Emergency Shelter/Mission/Transitional
- Rental
- Evacuee
- Other
- Unhoused
- With Family/ Friends
- Own Home
- Undisclosed

*Referred by:

- Announcement from school
- Current Client
- Door Hanger
- Flyer/Schedule
- Food Bank Staff Member
- Friend or family member
- Newspaper
- Other
- Other Organization
- Post Card
- Radio
- Social Media or website

*Ethnicity:

- White/ Anglo
- Black/ African American
- Hispanic/ Latino
- American Indian/ Native American
- Asian
- Alaska Native/ Aleut Eskimo
- Middle-Eastern/ North-African
- Pacific Islander
- Other
- Undisclosed

*Are you a Veteran (skip if child): Yes No

*Primary Income: Disability Full Time Employment No Income Part Time Employment Social Security
 Pension/Retirement Seasonal *Monthly Amount: \$ 733

Secondary Income: Disability Full Time Employment No Income Part Time Employment Social Security
 Other: _____ Monthly Amount: \$ 499

*Do you receive any of the following?: (check all that apply)

- Free or Reduced School Lunch
- Supplemental Assistance for Women, Infants & Children (WIC)
- Low-Income Home Energy Assistance Program (LIHeap)
- Supplemental Nutrition Assistance Program (SNAP)
- Medicaid
- Supplemental Security Income (SSI)
- None
- Temporary Assistance to Needy Families (TANF)

Additional Household Members

PROXY (if TEFAP distribution):

Bart Simpson

Please fill in a line of information for each additional household member including children and roommates. For services, please reference the services listed in the last section of the previous page and list all that apply for the listed individual.

Name (First and Last)	DOB	Gender	Relationship to You	Ethnicity	Income Source (FT/PT/etc)	Monthly \$ Amount	Services Received/Veteran Status: (Circle all that apply)
1. Lois Salamander	5/10 1980	F	Spouse	W	PT	499	SSI Medicaid SNAP Free or Reduced School Lunch WIC LiHeap TANF <u>None</u> Veteran
2. Lisa Salamander	11/1 2005	F	Child	W	Not Applicable	Ø	SSI Medicaid SNAP Free or Reduced School Lunch WIC LiHeap TANF <u>None</u> Veteran
3. Robert Jr. Salamander	1/20 2010	M	Child	W	N/A	Ø	SSI Medicaid SNAP Free or Reduced School Lunch WIC LiHeap TANF <u>None</u> Veteran
4.							SSI Medicaid SNAP Free or Reduced School Lunch WIC LiHeap TANF None Veteran
5.							SSI Medicaid SNAP Free or Reduced School Lunch WIC LiHeap TANF None Veteran
6.							SSI Medicaid SNAP Free or Reduced School Lunch WIC LiHeap TANF None Veteran
7.							SSI Medicaid SNAP Free or Reduced School Lunch WIC LiHeap TANF None Veteran