

Name: _____ Date of Birth: _____

Phone: _____ Street Address: _____

City: _____ State: _____ Zip: _____

Race/Ethnicity:

- White
- Hispanic, Latino, or Spanish
- Black or African American
- Asian
- American Indian or Alaska Native
- Native Hawaiian/other Pacific Islander
- Middle Eastern or North African
- Some other race or ethnicity
- Don't Know/Prefer Not to Answer

Gender:

- Female
- Male
- Transgender
- None of These
- Don't Know/Prefer Not to Answer

Is anyone in your household currently receiving SNAP or food stamps? (please circle)

YES NO Prefer not to answer

Please list name and date of birth for each additional member of the household (not including yourself)

First Name	Last Name	Date of Birth	Age

**continue on the back if more space is needed

I certify that I have willingly shared the information above, meet the monthly income guidelines, and/or am in need of food assistance.

Signature: _____ Date: _____

USDA is an equal opportunity provider, employer, and lender.

