

Completing this application does not guarantee any assistance or service.

Alameda Church of Christ
Streams of Water Ministry

APPLICATION FOR FOOD ASSISTANCE 2017-2018

Date: _____

APPLICANT INFORMATION:

First Name: _____ M.I. _____ Last Name: _____ Maiden: _____
 Address: _____ Phone: _____
 City, State, Zip: _____ Years at Address: _____
 Marital Status: Married Single Divorced Widowed Separated Common Law Living Together
 Do you have a referral? Yes No If so, from whom? _____

ETHNICITY (check one)
 Hispanic Not Hispanic

RACE (check all that apply)
 White African American
 Asian American Indian
 Other _____

INDIVIDUAL HOUSEHOLD MEMBERS: (Please list ALL people living in your household , including yourself)

Relationship To You	Name and Age:	DOB	U.S. Citizen?	VET?	Driver License # or State ID Number	Gender M/F	Race	Highest Grade Completed	Disabled? M or P
1. SELF									
2.									
3.									
4.									
5.									
6.									
7.									

HOUSING INFORMATION:

Rent Own: Shelter/Transitional Housing Live with someone: _____ Homeless
 Is anyone else in your household seeking assistance with us today? Yes _____ Name of person you live with No
 Have you been homeless in the past 2 years? Yes No _____ Name of Person

REFERENCES: (List a personal reference not living in your household)

Name: _____ Phone: _____
 Address: _____
 City, ST, Zip: _____

FORM: AFA 2017 (07/01/17)

The Streams of Water Ministry prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender identify, religion, age, disability, political beliefs, sexual orientation, and marital or family status.

Input Date: _____

Assistance Given: _____

Caseworker: _____

GROSS MONTHLY INCOME: (Give Amounts of income for everyone in Household in each Category)				MEDICAL ASSISTANCE																																		
Your Wages \$ _____	Employer: _____	Years Employed: _____	<u>Medicare:</u> Yes No <u>Medicaid:</u> Yes No <u>Sooner Care:</u> Yes No <u>Private Ins.:</u> Yes No <u>Prescription:</u> Yes No																																			
Spouse/Partner \$ _____	Employer: _____	Years Employed: _____																																				
Other (Family/Friend): \$ _____	TANF: \$ _____	VA Benefits: \$ _____																																				
Unemployment Benefits: \$ _____	Food Stamps: \$ _____	Alimony: \$ _____																																				
State Welfare Asst: \$ _____	SSI: \$ _____	Other Retirement																																				
Soc Sec Disability: \$ _____	Child Support: \$ _____	or Benefits: \$ _____																																				
What day do you receive Food Stamps? 1 st 5 th 10 th		Total Monthly Income \$ _____																																				
CURRENT NEED REQUEST:			LIFE/SOCIAL SUPPORTS:																																			
Food: _____ Clothing: _____ Diapers: _____ Special Circumstances related to Needs: _____ _____ _____			List assistance that you have received in the past 30 days. _____ _____ _____ _____																																			
OKLAHOMA COMMODITY FOOD PROGRAM:			APPLICANT'S RESPONSIBILITY:																																			
Eligibility to receive Commodities requires that you meet income guidelines If you receive any of the benefits below please indicate all that apply: ___ Food Stamps ___ WIC ___ Free or Reduced Lunches <p style="text-align: center;">GROSS INCOME LIMITS (July 1, 2017—June 30, 2018)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Family Size</th> <th style="text-align: left;">Weekly Income</th> <th style="text-align: left;">Monthly Income</th> </tr> </thead> <tbody> <tr><td>1</td><td>\$430</td><td>\$1,860</td></tr> <tr><td>2</td><td>\$578</td><td>\$2,504</td></tr> <tr><td>3</td><td>\$727</td><td>\$3,149</td></tr> <tr><td>4</td><td>\$876</td><td>\$3,793</td></tr> <tr><td>5</td><td>\$1,024</td><td>\$4,437</td></tr> <tr><td>6</td><td>\$1,173</td><td>\$5,082</td></tr> <tr><td>7</td><td>\$1,322</td><td>\$5,726</td></tr> <tr><td>8</td><td>\$1,471</td><td>\$6,371</td></tr> <tr><td>9</td><td>\$1,620</td><td>\$7,016</td></tr> <tr><td>10</td><td>\$1,769</td><td>\$7,661</td></tr> </tbody> </table>			Family Size	Weekly Income	Monthly Income	1	\$430	\$1,860	2	\$578	\$2,504	3	\$727	\$3,149	4	\$876	\$3,793	5	\$1,024	\$4,437	6	\$1,173	\$5,082	7	\$1,322	\$5,726	8	\$1,471	\$6,371	9	\$1,620	\$7,016	10	\$1,769	\$7,661	I the signed applicant understand that ... 1. Knowingly providing false information or withholding information will result in denial of assistance 2. My signature authorizes the Alameda Church of Christ to make inquiries to verify information that I have given in this application Information listed above may be released to other agencies on my behalf for the purpose of verification in connection with any assistance that may be provided to me. 3. I certify that my weekly or monthly household income is at or below the income listed on this form for households with the same number of people as my household. I also certify that, as of today, my household lives in Oklahoma. This certification form is being completed in connection with the receipt of Federal assistance. Applicant Signature: _____		
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