



## Welcome to the Food Pantry at Iron County Care and Share.

Please review the guidelines for services. We ask that you complete this quick form to help us provide the best service possible. ICCS is a private non-profit that relies on donations to provide these services to you. Please help us continue to serve as many households as possible by:

- Making an appointment for your food box and being on time.
- Asking a staff person if you need help selecting food items or have questions.
- Your food box will, at most, contain about 5 days' worth of food for your household
- Our supplies may be limited, and you should not rely only on ICCS for your household's food needs.
- You agree to participate in health and safety policies set forth by the organization.
- Your services are not guaranteed and may be revoked based on violation of organization, city, county, or other required regulations.

**Please read and initial each item**

INITIAL	<b>Appointments are Required</b>   Appointments are required for food box and pantry bag services. You may make an appointment online or by calling (435) 586-4962.	INITIAL	<b>Frequency of Food Box</b>   Households may receive 1 food box per month unless stated otherwise. The amount and type of food will vary based on the donations we receive
INITIAL	<b>Friend/Family Member Proxy Pick-Up</b>   If you cannot pick up your box or bag you may assign a PROXY to pick up your products. You must arrange for this person to become your proxy during your in-person visit(s) and a signed authorization must be on file.	INITIAL	<b>Frequency of Pantry Bags</b>   Households may receive pantry items once per week during the weeks they do not receive a food box, depending on availability.

**PLEASE PRINT YOUR RESPONSES**

FIRST AND LAST NAME	
EMAIL	

If you do not provide an email, we cannot send you a confirmation of this application. You will not receive important updates on our pantry. You cannot make online appointments.

MOBILE PHONE			
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If you do not provide a mobile phone number, you will not receive important updates on our pantry. You cannot make online appointments. You will not be contacted if you request extra assistance.

**How many family members? Cuantos miembros en su familia?**

Household Information   Fam de un solo padre?	
Number of Persons Under 18 years?   Menores de 18 anos?	
Number of Persons Between 18 & 64 years?   Entre 18 & 64 anos?	
Number of Persons Older than 65 years?   Mayoyes de 65 anos?	

Is anyone employed? | Hay alguien empleado?

YES

NO

## SELF-DECLARATION OF INCOME

	PLEASE INITIAL ONE CHOICE	YES	NO
I received a copy of the Self-Declaration of Income document Recibí una copia del documento de Autodeclaración de Ingresos de mi			
Income certification: I certify my total family income is at or below the stated amount for my household size. Certifico que el total ingreso de my familia es igual o menos que la cantidad estipulada por # de integrante			
Do you have income from employment or other sources? Tiene ingresos del trabajo u otras fuentes?			

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<b>SELF DECLARATION WITH INCOME SOURCE</b>	<b>AMOUNT PER MO.</b>
Income source:	
Income source:	
Income source:	
<b>Signature</b>	

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<b>SELF-DECLARATION WITH NO INCOME</b>
I certify, under penalty of perjury, that I do not have income from any source at this time.
<b>Signature</b>

**Applicant Information:** Please help us serve you by answering a few quick questions

<b>Are you homeless?</b>	<b>Address</b>	
<input type="checkbox"/> Homeless by Circumstance	<b>City, State, Zip Code</b>	
<input type="checkbox"/> Homeless by Choice	<b>Birthdate</b> ___/___/___	<b>Telephone</b>
<b>Housing Status</b>	<b>Race</b>	<b>Ethnicity</b> ___ Hispanic/Latino ___ Non-Hispanic/Latino
<input type="checkbox"/> Housed: Rent	<input type="checkbox"/> Am. Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Unknown ___ Decline to Answer	<b>Do you have a disabling condition?</b> YES NO
<input type="checkbox"/> Housed: Own		<b>Are you a veteran?</b> YES NO
<input type="checkbox"/> Housed: Temporary		
<b>Housing Safety</b>	<b>Other Support</b>	<b>How else can we help you?</b>
<input type="checkbox"/> Housed: Threatened/At-Risk	<input type="checkbox"/> Rent <input type="checkbox"/> Mortgage <input type="checkbox"/> Utilities <input type="checkbox"/> Medical <input type="checkbox"/> Mental Health <input type="checkbox"/> Clothing <input type="checkbox"/> Furniture <input type="checkbox"/> Transportation <input type="checkbox"/> Education Assistance <input type="checkbox"/> Vital Documents <input type="checkbox"/> PLEASE CONTACT ME REGARDING HELP	
<input type="checkbox"/> Housed: Stable		

## Self-Declaration of Income

**This is an equal opportunity program for all.**

**Este es un programa de igualdad para todos.**

Income includes but is not limited to:

- The full amount of gross income earned before taxes and deductions.
- The net income earned from the operation of a business, i.e., total revenue minus business operating expenses. This also includes any withdrawals of cash from the business or profession for your personal use.
- Monthly interest and dividend income credited to an applicant's bank account and available for use.
- The monthly payment amount received from Social Security, annuities, retirement funds, pensions, disability and other similar types of periodic payments.
- Any monthly payments in lieu of earnings, such as unemployment, disability compensation, SSI, SSDI, and worker's compensation.
- Monthly income from government agencies excluding amounts designated for shelter, and utilities, WIC, food stamps, and childcare.
- Alimony, child support and foster care payments received from organizations or from persons not residing in the dwelling.
- All basic pay, special day and allowances of a member of the Armed Forces excluding special pay for exposure to hostile fire.
- Families at or below 185% of Federal Poverty Level may receive a food order. For example, the monthly income level at 185% of FPL are currently set at:

Families of 1 person is \$1,986

Families of 2 people is \$2,686

Families of 3 people is \$3,286

Families of 4 people is \$4,085

Families of 5 people is \$4,785

Families of 6 people is \$5,485

Families of 7 people is \$6,185

Families of 8 people is \$6,885