

Welcome to Citizens Inn Haven from Hunger's food pantry. We serve residents of Peabody, Salem, and Lynnfield who are having trouble putting food on the table. Once a year, we will ask you to provide basic information about your household, including income and other demographic information. This information helps us to obtain the donations and funding that allows us to serve you. We also ask that you notify us when any of your information changes. Your privacy is important to us; we do not share personally identifying information with donors or funders.

PLEASE PRINT!

1. Head of Household

#1 **Name:** _____ **Date of Birth:** _____
 First Last Month/Day/Year

Sex: Male Female **US Veteran?** Yes No **Latino or Hispanic?** Yes No

Race (Check only one box):

<input type="checkbox"/> White	<input type="checkbox"/> Multi-racial: American Indian or Alaskan Native <u>and</u> White
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Multi-racial: Asian <u>and</u> White
<input type="checkbox"/> Asian	<input type="checkbox"/> Multi-racial: Black or African American <u>and</u> White
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Multi-racial: American Indian or Alaskan Native <u>and</u> Black or African American
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Multi-Racial: Other

2 Email Address: _____

3. Street Address:	4. Mailing Address (if different from street address):
_____	_____
Address Apartment #	Address Apartment #
_____	_____
City State ZIP	City State ZIP

5. Phones: _____
 Cell Home Other

6. Does any member of your household receive SNAP benefits (Food Stamps)?

Yes
 No
 Unknown

7. Is the head of household a single parent?

Yes
 No

8. Your Housing Situation
Check only one box.

<input type="checkbox"/> Own (or buying) home	<input type="checkbox"/> Live with relatives	<input type="checkbox"/> Homeless
<input type="checkbox"/> Rent	<input type="checkbox"/> Move around	<input type="checkbox"/> Other — Please describe:
<input type="checkbox"/> Live with friends	<input type="checkbox"/> In homeless shelter	_____

9. Education Level
Check highest level of education completed by someone in your household.

<input type="checkbox"/> College	<input type="checkbox"/> Some High School
<input type="checkbox"/> High School Diploma or GED	<input type="checkbox"/> Elementary School

10. Other Household Members

#2 Name: _____ **Date of Birth:** _____
First Last Month/Day/Year
Sex: Male Female **US Veteran?** Yes No **Latino or Hispanic?** Yes No
Race (Check only one box):
 White Multi-racial: American Indian or Alaskan Native and White
 Black or African American Multi-racial: Asian and White
 Asian Multi-racial: Black or African American and White
 Native Hawaiian or Other Pacific Islander Multi-racial: American Indian or Alaskan Native and Black or African American
 American Indian or Alaskan Native Multi-Racial: Other

#3 Name: _____ **Date of Birth:** _____
First Last Month/Day/Year
Sex: Male Female **US Veteran?** Yes No **Latino or Hispanic?** Yes No
Race (Check only one box):
 White Multi-racial: American Indian or Alaskan Native and White
 Black or African American Multi-racial: Asian and White
 Asian Multi-racial: Black or African American and White
 Native Hawaiian or Other Pacific Islander Multi-racial: American Indian or Alaskan Native and Black or African American
 American Indian or Alaskan Native Multi-Racial: Other

#4 Name: _____ **Date of Birth:** _____
First Last Month/Day/Year
Sex: Male Female **US Veteran?** Yes No **Latino or Hispanic?** Yes No
Race (Check only one box):
 White Multi-racial: American Indian or Alaskan Native and White
 Black or African American Multi-racial: Asian and White
 Asian Multi-racial: Black or African American and White
 Native Hawaiian or Other Pacific Islander Multi-racial: American Indian or Alaskan Native and Black or African American
 American Indian or Alaskan Native Multi-Racial: Other

#5 Name: _____ **Date of Birth:** _____
First Last Month/Day/Year
Sex: Male Female **US Veteran?** Yes No **Latino or Hispanic?** Yes No
Race (Check only one box):
 White Multi-racial: American Indian or Alaskan Native and White
 Black or African American Multi-racial: Asian and White
 Asian Multi-racial: Black or African American and White
 Native Hawaiian or Other Pacific Islander Multi-racial: American Indian or Alaskan Native and Black or African American
 American Indian or Alaskan Native Multi-Racial: Other

#6 Name: _____ **Date of Birth:** _____
First Last Month/Day/Year
Sex: Male Female **US Veteran?** Yes No **Latino or Hispanic?** Yes No
Race (Check only one box):
 White Multi-racial: American Indian or Alaskan Native and White
 Black or African American Multi-racial: Asian and White
 Asian Multi-racial: Black or African American and White
 Native Hawaiian or Other Pacific Islander Multi-racial: American Indian or Alaskan Native and Black or African American
 American Indian or Alaskan Native Multi-Racial: Other

#7 Name: _____ **Date of Birth:** _____
First Last Month/Day/Year
Sex: Male Female **US Veteran?** Yes No **Latino or Hispanic?** Yes No
Race (Check only one box):
 White Multi-racial: American Indian or Alaskan Native and White
 Black or African American Multi-racial: Asian and White
 Asian Multi-racial: Black or African American and White
 Native Hawaiian or Other Pacific Islander Multi-racial: American Indian or Alaskan Native and Black or African American
 American Indian or Alaskan Native Multi-Racial: Other

#8 Name: _____ **Date of Birth:** _____
First Last Month/Day/Year

Sex: Male Female

US Veteran? Yes No

Latino or Hispanic? Yes No

Race (Check only one box):

- White
- Black or African American
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaskan Native
- Multi-racial: American Indian or Alaskan Native and White
- Multi-racial: Asian and White
- Multi-racial: Black or African American and White
- Multi-racial: American Indian or Alaskan Native and Black or African American
- Multi-Racial: Other

#9 Name: _____ Date of Birth: _____
First Last Month/Day/Year

Sex: Male Female

US Veteran? Yes No

Latino or Hispanic? Yes No

Race (Check only one box):

- White
- Black or African American
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaskan Native
- Multi-racial: American Indian or Alaskan Native and White
- Multi-racial: Asian and White
- Multi-racial: Black or African American and White
- Multi-racial: American Indian or Alaskan Native and Black or African American
- Multi-Racial: Other

#10 Name: _____ Date of Birth: _____
First Last Month/Day/Year

Sex: Male Female

US Veteran? Yes No

Latino or Hispanic? Yes No

Race (Check only one box):

- White
- Black or African American
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaskan Native
- Multi-racial: American Indian or Alaskan Native and White
- Multi-racial: Asian and White
- Multi-racial: Black or African American and White
- Multi-racial: American Indian or Alaskan Native and Black or African American
- Multi-Racial: Other

11. How often does someone in your household skip meals because you lack food?

Check only one box.

- Every day
- Every week
- Once in a while
- Hardly ever
- Never
- Other — Please describe:

12. Reasons for needing the food pantry

Check all that apply.

- Out of work
- No income
- Can't find work
- Disabled and unable to work
- Low income
- Extra expenses this month
- Ineligible for SNAP benefits (food stamps)
- SNAP benefits (food stamps) ran out
- Waiting for SNAP (food stamps) or a check.
- Other — Please describe:

13. Employment

Check all that apply.

- Full-time employment
- Part-time employment
- Unemployed
- Student
- Retired
- Disabled – temporary
- Disabled – permanent
- Other — Please describe:

14. Benefits

Check all that apply.

- MassHealth (Medicaid)
- Medicare
- Social Security
- Social Security Disability (SSDI)
- Supplemental Security Income (SSI)
- Veterans' Benefits
- WIC
- AFDC/Welfare
- Fuel Assistance
- Head Start
- Public or Subsidized Housing or Section 8 Voucher
- None
- Other — Please describe:

15. Do you use other food pantries?

- Yes If yes, which ones? _____
- No

16. Do you use any of our other programs?

Check all that apply.

- Community Meals
- Mobile Market
- Summer Meals for Kids

17. Household Income and Expenses

Pease check all that apply. Also include amounts and frequency.

Income Source(s)	Amount	Frequency			
<input type="checkbox"/> Wages from 1st Job	\$	<input type="checkbox"/> weekly	<input type="checkbox"/> bi-weekly	<input type="checkbox"/> monthly	<input type="checkbox"/> yearly
<input type="checkbox"/> Wages from 2nd Job	\$	<input type="checkbox"/> weekly	<input type="checkbox"/> bi-weekly	<input type="checkbox"/> monthly	<input type="checkbox"/> yearly
<input type="checkbox"/> Wages from 3rd Job	\$	<input type="checkbox"/> weekly	<input type="checkbox"/> bi-weekly	<input type="checkbox"/> monthly	<input type="checkbox"/> yearly
<input type="checkbox"/> Wages from 4th Job	\$	<input type="checkbox"/> weekly	<input type="checkbox"/> bi-weekly	<input type="checkbox"/> monthly	<input type="checkbox"/> yearly
<input type="checkbox"/> SNAP (Food Stamps)	\$	<input type="checkbox"/> weekly	<input type="checkbox"/> bi-weekly	<input type="checkbox"/> monthly	<input type="checkbox"/> yearly
<input type="checkbox"/> Unemployment	\$	<input type="checkbox"/> weekly	<input type="checkbox"/> bi-weekly	<input type="checkbox"/> monthly	<input type="checkbox"/> yearly
<input type="checkbox"/> Social Security	\$	<input type="checkbox"/> weekly	<input type="checkbox"/> bi-weekly	<input type="checkbox"/> monthly	<input type="checkbox"/> yearly
<input type="checkbox"/> Child Support	\$	<input type="checkbox"/> weekly	<input type="checkbox"/> bi-weekly	<input type="checkbox"/> monthly	<input type="checkbox"/> yearly
<input type="checkbox"/> Social Security Disability Income (SSDI)	\$	<input type="checkbox"/> weekly	<input type="checkbox"/> bi-weekly	<input type="checkbox"/> monthly	<input type="checkbox"/> yearly
<input type="checkbox"/> Supplemental Security Income (SSI)	\$	<input type="checkbox"/> weekly	<input type="checkbox"/> bi-weekly	<input type="checkbox"/> monthly	<input type="checkbox"/> yearly
<input type="checkbox"/> Pension	\$	<input type="checkbox"/> weekly	<input type="checkbox"/> bi-weekly	<input type="checkbox"/> monthly	<input type="checkbox"/> yearly
<input type="checkbox"/> Veterans' Pension	\$	<input type="checkbox"/> weekly	<input type="checkbox"/> bi-weekly	<input type="checkbox"/> monthly	<input type="checkbox"/> yearly
<input type="checkbox"/> No Income					

Expenses	Amount	Frequency			
<input type="checkbox"/> Rent (or Mortgage)	\$	<input type="checkbox"/> weekly	<input type="checkbox"/> bi-weekly	<input type="checkbox"/> monthly	<input type="checkbox"/> yearly
<input type="checkbox"/> Utilities (Electricity, Gas, Heating Oil)	\$	<input type="checkbox"/> weekly	<input type="checkbox"/> bi-weekly	<input type="checkbox"/> monthly	<input type="checkbox"/> yearly
<input type="checkbox"/> Transportation	\$	<input type="checkbox"/> weekly	<input type="checkbox"/> bi-weekly	<input type="checkbox"/> monthly	<input type="checkbox"/> yearly
<input type="checkbox"/> Medical Expenses	\$	<input type="checkbox"/> weekly	<input type="checkbox"/> bi-weekly	<input type="checkbox"/> monthly	<input type="checkbox"/> yearly
<input type="checkbox"/> Child Support Payment	\$	<input type="checkbox"/> weekly	<input type="checkbox"/> bi-weekly	<input type="checkbox"/> monthly	<input type="checkbox"/> yearly
<input type="checkbox"/> Other	\$	<input type="checkbox"/> weekly	<input type="checkbox"/> bi-weekly	<input type="checkbox"/> monthly	<input type="checkbox"/> yearly

18. Statement of Need and Verification of Income

By signing below, I certify that my household needs food and certify that the information that I have provided is true and correct to the best of my knowledge and belief.

Printed Name (First and Last)

Signature

Date

NOTE: Haven from Hunger does not discriminate on the basis of race, color, national origin, age, disability, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, or because all or part of an individual's income is derived from any public assistance program.