

Upper Valley Haven Food Shelf Registration

Date: _____ Time: _____ Filled out by: _____

Last Name: _____ First Name: _____ Date of Birth: _____

New to Food Shelf: Yes No Phone Number: : _____

Today's Service: Daily Food Shelf (Tent) Monthly Food Shelf Partial Food Shelf

Gender: Male Female Transgender Undisclosed Other

Veteran: Yes No

Ethnicity: White Black/African American Hispanic/Latino Other, specify: _____

Languages: English Other, specify: _____

Sources of Income: None

Disability (SSDI, VA) Employed Full-time Employed Part-time

Social Assistance (TANF, Reach Up, SSI) Unemployment Income Retirement Income

Street Address: _____

County: _____

City: _____

State: _____

Zip Code: _____

Housing Type:

Emergency Shelter

Private Rental

With Family/Friends

Evacuee

Public Housing

Own Home

Other

Unhoused

Undisclosed

Receives in Household:

Food Stamps

WIC

VT CFSP Box

Household Member #2

Last Name: _____ First Name: _____ Date of Birth: _____

Gender: Male Female Transgender Undisclosed Other

Veteran: Yes No

Relationship to HH Member #1:

Spouse Child Grandchild Parent Partner Other, specify: _____

Ethnicity: White Black/African American Hispanic/Latino Other, specify: _____

Sources of Income: None

Disability (SSDI, VA) Employed Full-time Employed Part-time

Social Assistance (TANF, Reach Up, SSI) Unemployment Income Retirement Income

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Household Member #3

Last Name: _____ First Name: _____ Date of Birth: _____

Gender: Male Female Transgender Undisclosed Other

Veteran: Yes No

Relationship to HH Member #1:

Spouse Child Grandchild Parent Partner Other, specify: _____

Ethnicity: White Black/African American Hispanic/Latino Other, specify: _____

Sources of Income: None

Disability (SSDI, VA) Employed Full-time Employed Part-time

Social Assistance (TANF, Reach Up, SSI) Unemployment Income Retirement Income

Household Member #4

Last Name: _____ First Name: _____ Date of Birth: _____

Gender: Male Female Transgender Undisclosed Other

Veteran: Yes No

Ethnicity: White Black/African American Hispanic/Latino Other, specify: _____

Relationship to HH Member #1:

Spouse Child Grandchild Parent Partner Other, specify: _____

Sources of Income: None

Disability (SSDI, VA) Employed Full-time Employed Part-time

Social Assistance (TANF, Reach Up, SSI) Unemployment Income Retirement Income

For Haven use only: TEFAP Certification

Certified: Yes No

Verbal consent to sign: Yes No

For families with more than 4 household members, please use a second sheet and staple them together.

Call 802-295-6500 with questions.