

## 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

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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

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### 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

## Upper Valley Haven Food Shelf Registration

### 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

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### 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

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For Haven use only: TEFAP Certification

Certified:  Yes  No

Verbal consent to sign:  Yes  No

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

Call 802-295-6500 with questions.

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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

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Street Address: \_\_\_\_\_

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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

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### Household Member #2

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender:  Male  Female  Transgender  Undisclosed  Other

Veteran:  Yes  No

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Spouse  Child  Grandchild  Parent  Partner  Other, specify: \_\_\_\_\_

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

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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 #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

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For Haven use only: TEFAP Certification

Certified:  Yes  No

Verbal consent to sign:  Yes  No

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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

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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

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### Household Member #2

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender:  Male  Female  Transgender  Undisclosed  Other

Veteran:  Yes  No

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Veteran:  Yes  No

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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 #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

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For Haven use only: TEFAP Certification

Certified:  Yes  No

Verbal consent to sign:  Yes  No

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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

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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

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### 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

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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 #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

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For Haven use only: TEFAP Certification

Certified:  Yes  No

Verbal consent to sign:  Yes  No

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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

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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

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### 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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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 #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

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For Haven use only: TEFAP Certification

Certified:  Yes  No

Verbal consent to sign:  Yes  No

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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

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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

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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 #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

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For Haven use only: TEFAP Certification

Certified:  Yes  No

Verbal consent to sign:  Yes  No

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Languages:  English  Other, specify: \_\_\_\_\_

Sources of Income:  None

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Own Home

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Receives in Household:

Food Stamps

WIC

VT CFSP Box

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Certified:  Yes  No

Verbal consent to sign:  Yes  No

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WIC

VT CFSP Box

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Sources of Income:  None

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Certified:  Yes  No

Verbal consent to sign:  Yes  No

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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

## Upper Valley Haven Food Shelf Registration

### 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.

## 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

## Upper Valley Haven Food Shelf Registration

### 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.

## 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

## Upper Valley Haven Food Shelf Registration

### 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.

## 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

## Upper Valley Haven Food Shelf Registration

### 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.



## 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

## Upper Valley Haven Food Shelf Registration

### 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.

## 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

## Upper Valley Haven Food Shelf Registration

### 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.

## 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

## Upper Valley Haven Food Shelf Registration

### 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.

## 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

## Upper Valley Haven Food Shelf Registration

### 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

---

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Call 802-295-6500 with questions.



## 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

## Upper Valley Haven Food Shelf Registration

### 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

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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.

## 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

## Upper Valley Haven Food Shelf Registration

### 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

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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.

## 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

## Upper Valley Haven Food Shelf Registration

### 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

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For Haven use only: TEFAP Certification

Certified:  Yes  No

Verbal consent to sign:  Yes  No

---

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Call 802-295-6500 with questions.

## 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

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### 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

## Upper Valley Haven Food Shelf Registration

### 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

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For Haven use only: TEFAP Certification

Certified:  Yes  No

Verbal consent to sign:  Yes  No

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