

Upper Valley Haven Food Shelf Registration

Date: _____ Filled out by: _____

Last Name: _____ First Name: _____

Date of Birth: _____

Gender: ___ Male ___ Female ___ Transgender ___ Undisclosed ___ Other

New to Food Shelf: ___ Yes ___ No

City/Town: _____

County: _____ State: _____ Zip Code: _____

Email address: _____

Phone Number: _____ (home cell work)

Race/Ethnicity:

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> White | <input type="checkbox"/> Asian | <input type="checkbox"/> None |
| <input type="checkbox"/> Black / African American | <input type="checkbox"/> Alaska Native / Aleut / Eskimo | <input type="checkbox"/> Other |
| <input type="checkbox"/> Hispanic / Latino | <input type="checkbox"/> Middle-Eastern / North-African | <input type="checkbox"/> Undisclosed |
| <input type="checkbox"/> American Indian / Native American | <input type="checkbox"/> Pacific Islander | |

Served in the Armed Forces (including National Guard): ___ Yes ___ No

Anyone in the household enrolled in these programs?

- ___ None
- ___ Commodity Supplemental Food Program (CSFP)
- ___ Food Stamps/SNAP Benefits/3 Squares VT
- ___ WIC (Supplemental Assistance for Women, Infants and Children)

Haven use only:

___ *Household meets TEFAP criteria*

___ *Daily Food Shelf* ___ *Monthly Food Shelf* ___ *Partial Food Shelf* ___ *Grow Rx Food Shelf*

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Other Household Member

Last Name: _____ First Name: _____

Date of Birth: _____

Gender: ___ Male ___ Female ___ Transgender ___ Undisclosed ___ Other

Relationship to first household member:

___ Spouse ___ Child ___ Grandchild ___ Parent ___ Partner Other (specify): _____

Race/Ethnicity:

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> White | <input type="checkbox"/> Asian | <input type="checkbox"/> None |
| <input type="checkbox"/> Black / African American | <input type="checkbox"/> Alaska Native / Aleut / Eskimo | <input type="checkbox"/> Other |
| <input type="checkbox"/> Hispanic / Latino | <input type="checkbox"/> Middle-Eastern / North-African | <input type="checkbox"/> Undisclosed |
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