

Upper Valley Haven Food Shelf Registration

Date: _____ Filled out by: _____

Last Name: _____ First Name: _____

Date of Birth: _____

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 | |

Have you served in the Armed Forces (including National Guard): ___ Yes ___ No

Is 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
-

Upper Valley Haven Food Shelf Registration

Other Household Member

Last Name: _____ First Name: _____

Date of Birth: _____

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 |
| <input type="checkbox"/> American Indian / Native American | <input type="checkbox"/> Pacific Islander | |

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

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