

**FELLOWSHIP HILL MINISTRIES
SOUTHERNTIER & CATTARAUGUS FOOD PANTRY
SPRINGVILLE, NY 14141 (716) 592-4455**

STATEMENT OF PURPOSE

Fellowship Hill Ministries serves as a Christian Mission that provides a common ground for churches & community to unite in friendship, service, and outreach. We exist to fulfill the command of Jesus Christ to feed, clothe, and show God's Love in real and practical ways. This ministry serves as a rural outreach to the southern-tier region of WNY. Our resources are not limitless, as we serve over 800 people per month, but we will make every effort to meet your needs. Should we determine that persons are knowingly abusing our services, we will terminate your participation in our food assistance program.

RE/CERTIFICATION

I am receiving food from another pantry: YES _____ NO _____

I have read and understand the statement of purpose for our Food Pantry. YES __ NO __

**INCOME ELIGIBILITY GUIDELINES
2009 -2010**

Household Size	Yearly Gross Income	Monthly Gross Income	Weekly Gross Income
1	\$20,036	\$1,670	\$385
2	\$26,955	\$2,246	\$518
3	\$33,874	\$2,823	\$651
4	\$40,793	\$3,399	\$784
5	\$47,712	\$3,976	\$918
6	\$54,631	\$4,553	\$1,051
7	\$61,550	\$5,129	\$1,183
8	\$68,469	\$5,706	\$1,317
For each additional family member	\$6,919	\$577	\$133

I have read and understand the above Income Eligibility Guidelines. I certify that I have a total family income within state guidelines and that I am **NOT** attending any other food pantry.

I understand and give permission for my household information to be released to the Food Bank of WNY and other food pantry agencies for reference, data collection, and to ensure non-duplication of services.

I hereby certify that my FAMILY SIZE is _____
and my gross HOUSEHOLD INCOME is beneath \$ _____ (monthly)

NAME: _____

SIGNATURE: _____ DATE: _____

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CLIENT INTAKE FORM

NEW ___ REOPEN ___ EMERGENCY ___ RECERT _____ DATE _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: () _____ EMAIL: _____

REFERRED BY: _____

ETHNICITY RACE	SOURCE OF INCOME	HOUSEHOLD TYPE
<input type="checkbox"/> Black not Hispanic	<input type="checkbox"/> Employment	<input type="checkbox"/> Single parent/female
<input type="checkbox"/> White not Hispanic	<input type="checkbox"/> Unemployment	<input type="checkbox"/> Single parent/male
<input type="checkbox"/> Native American	<input type="checkbox"/> SSD/SSI	<input type="checkbox"/> Married Household
<input type="checkbox"/> Asian	<input type="checkbox"/> Disability	<input type="checkbox"/> Two Parent Household
<input type="checkbox"/> Hispanic	<input type="checkbox"/> W. I. C.	<input type="checkbox"/> Single Person
<input type="checkbox"/> Other _____	<input type="checkbox"/> Food Stamps	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Social Services	
	<input type="checkbox"/> Other	No. in household:

HOUSEHOLD INFORMATION

Please list everyone in the household and the relationship to applicant.
(son, daughter, mother, father, etc.)

Name	D / O / B	Relation	ID

TYPES OF ID GIVEN

Name	Income
Driver's License	Pay Stubs
Birth Certificates	Unemployment Stubs
Residence	SSD/SSI Award Letter
Utility Bill	Social Service Card
Rental/Mortgage Receipt	W.I.C. Card
	Other