

Link2Feed General Intake Form

For Client Certification & Recertification

Congregational Community Action Project

112 S. Kent Street Winchester, VA 22601



CCAP provides assistance for residents of the City of Winchester & Frederick County, VA and USDA food for Virginia residents

THIS SECTION FOR CCAP USE ONLY

DATE REC'VD _____
 CCAP personnel initials _____
 L2F # _____
 DATE CARD GIVEN _____
 CARD PUT IN FILE BOX _____
 NOTES _____

FOR CCAP TO BE ABLE TO BEST ASSIST YOU IN A TIMELY MANNER THE FOLLOWING IS NECESSARY

- Please read and COMPLETE each section of the form carefully, answering fully and accurately, as any discrepancies or errors will delay your certification until resolved.
- Record full names for yourself and all individuals living with you in your household as on official documents.
- **FOR CCAP ASSISTANCE** (clothing, financial aid, etc.): Must have at every visit: **1. Photo ID** - such as current drivers license, DMV photo ID card, passport, Military ID, etc. **2. Proof of Residency** - such as current lease, rent receipt, utility bill, mortgage statement, etc. which must have your name and current address listed (dated within a month)
- **SIGN & DATE THE CCAP AGREEMENT PAGE 3**

CLIENT GENERAL INFORMATION

Date of First Food Bank Visit, if known: _____

Name:

First: _____ Last: _____

Date of Birth: _____ / _____ / _____ Is Date of Birth Estimated? Yes No
Month Day Year

Gender:

- Female
- Male
- Transgender
- Undisclosed
- Other

Marital Status:

- Single
- Married
- Common-law
- Divorced
- Separated
- Widowed
- Undisclosed

Address: (Must have a street address)

Street _____
 Apartment or Room # _____ Lot # _____ Other _____
 City _____ State _____ Zip code _____
 County _____ No fixed address (complete City or County)
 : _____
 (If receive mail at different address: _____)

Email

Address _____

Phone Number(s)

Mobile/Cell _____
 Landline _____

Is English your primary language?

Yes No
 If no, primary language is: _____

Ethnicity:

- White/Anglo Black/African American Hispanic/Latino
- Asian American Indian/Native American
- Alaska Native/Aleut/Eskimo Middle-Eastern/North African
- Pacific Islander N/A Other Undisclosed

Self-Identifies As:

Disability Veteran None Undisclosed

TOTAL MONTHLY INCOME & BENEFITS FOR EVERYONE IN HOUSEHOLD

Income Sources:

(total for everyone in the household including person on pg 1)
 No Income or

TOTAL MONTHLY HOUSEHOLD INCOME

\$ _____

Other Benefits Received (Check all that apply):

- Medicaid
- SNAP - Supplemental Nutrition Assistance Program (Food Stamps)
- SSI - Supplemental Security Income
- TANF - Temporary Assistance for Needy Families

Check if eligible for TEFAP Check if received USDA Non-discrimination form

USDA is an equal opportunity provider, employer and lender



HOUSEHOLD MEMBERS -- DO NOT LIST YOURSELF AGAIN

(list all others living at this address with you)

1. First Name: _____ Last Name: _____

DOB: _____ Gender: _____ Ethnicity: _____ Relationship to person on pg. 1 _____

2. First Name: _____ Last Name: _____

DOB: _____ Gender: _____ Ethnicity: _____ Relationship to person on pg. 1 _____

3. First Name: _____ Last Name: _____

DOB: _____ Gender: _____ Ethnicity: _____ Relationship to person on pg. 1 _____

4. First Name: _____ Last Name: _____

DOB: _____ Gender: _____ Ethnicity: _____ Relationship to person on pg. 1 _____

5. First Name: _____ Last Name: _____

DOB: _____ Gender: _____ Ethnicity: _____ Relationship to person on pg. 1 _____

6. First Name: _____ Last Name: _____

DOB: _____ Gender: _____ Ethnicity: _____ Relationship to person on pg. 1 _____

7. First Name: _____ Last Name: _____

DOB: _____ Gender: _____ Ethnicity: _____ Relationship to person on pg. 1 _____

8. First Name: _____ Last Name: _____

DOB: _____ Gender: _____ Ethnicity: _____ Relationship to person on pg. 1 _____

9. First Name: _____ Last Name: _____

DOB: _____ Gender: _____ Ethnicity: _____ Relationship to person on pg. 1 _____

10. First Name: _____ Last Name: _____

DOB: _____ Gender: _____ Ethnicity: _____ Relationship to person on pg. 1 _____

11. First Name: _____ Last Name: _____

DOB: _____ Gender: _____ Ethnicity: _____ Relationship to person on pg. 1 _____

12. First Name: _____ Last Name: _____

DOB: _____ Gender: _____ Ethnicity: _____ Relationship to person on pg. 1 _____

13. First Name: _____ Last Name: _____

DOB: _____ Gender: _____ Ethnicity: _____ Relationship to person on pg. 1 _____

14. First Name: _____ Last Name: _____

DOB: _____ Gender: _____ Ethnicity: _____ Relationship to person on pg. 1 _____



CCAP AGREEMENT AND RELEASE

This Agreement and Release is made this _____ day of _____, _____
Day Month Year

by and between Congregational Community Action Project, Inc., (hereinafter referred to as
"CCAP", a Virginia non-profit corporation) and _____
(Client printed name)

(hereinafter referred to as "the Client").

WHEREAS, CCAP is a non-profit corporation providing food, clothing, products and financial assistance to the needy, destitute and working poor of Winchester and the surrounding counties. CCAP is a non-profit organization using all of its resources for the benefit of its Clients.

Now THEREFORE, in consideration of the mutual covenants stated herein, CCAP and the Client agree as follows:

1. CCAP agrees to accept Client and to provide Client with free food, clothing, products, equipment, and in some instances financial assistance all consistent with CCAP policies and procedures.
2. The Client agrees, as an express condition of accepting the services offered by CCAP, to abide by CCAP's policies and procedures and to hold CCAP, its Officers, Directors, Staff, and volunteers, harmless from any and all liability, claims, injury, complaints, damages, and cause of action, known or unknown, direct or indirect, associated with the Client's acceptance of CCAP's services and products given to the Client or harm or injury sustained on CCAP's property located at 112 South Kent Street, Winchester, Virginia 22601.
3. The Client agrees that this Agreement and Release shall be binding upon him or her, and all successors, assigns and personal representatives of the Client.
4. The parties acknowledge and represent that they have read this Agreement and Release and understand it, have had adequate opportunity to consult legal counsel with respect to it, and agree to be bound by all of its terms.

The parties have signed this Agreement and Release as of the effective date stated.

Date Client - Printed Name _____

X Client - Signature _____