

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 # _____

CHECK IF CARD GIVEN TO CLIENT TODAY

CHECK IF CARD PUT IN FILE BOX TODAY

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)

CLIENT GENERAL INFORMATION

Date of First Food Bank Visit, if known: _____

Name:

First: _____ Middle: _____ Last: _____

Maiden name _____ If divorced, previous married name(s) _____

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

Gender Identity:

- Female
- Male
- None of These
- Transgender
- Prefer Not To Answer

Marital Status:

- Common-law
- Divorced
- Married
- Separated
- Single
- Widowed
- Prefer Not to Answer

Address: (Must have a street address) No fixed address (complete City or County)

Street # & Street Name _____

Apt or Room # _____ Mobile Home Lot # _____ City _____

State _____ Zip code _____ County _____

(If receive mail at different address: _____)

Housing Type: Own Home Private Rental With Family / Friends
 Unhoused / shelter / transitional housing / motel Prefer Not to Answer

Email: _____

Phone Number(s) _____

Referred By: Word of Mouth Church/Non-profit
 Social Services Other Prefer Not to Answer

Ethnicity:

- Alaska Native/Aleut/Eskimo American Indian/Native American
- Asian Black/African American
- Hispanic/Latino Middle-Eastern/North African
- Pacific Islander White/Anglo Prefer Not to Answer

Is English your primary language? Yes No
If no, write below what your primary language is:

Self-Identifies As:

- Disability Veteran None Other Prefer Not to Answer

TOTAL MONTHLY INCOME & BENEFITS FOR EVERYONE IN HOUSEHOLD

*Income: Provide monthly income total for ENTIRE HOUSEHOLD
(This means your income and everyone else's who lives in this residence and has an income)

Put X if No Income _____ or
TOTAL MONTHLY INCOME \$ _____

*Does anyone from the household currently receive SNAP (Food Stamps) or food stamps? Yes No Prefer Not to Answer

*Other Household Benefits Received (check all that apply):
 Medicaid SSI TANF WIC Other Benefits
 No Benefits Prefer Not to Answer

X Signed by Applicant or Proxy: _____ signatures are currently waived by USDA due to COVID _____ Date: _____

COMPLETE BOTH SIDES AND SIGN & DATE THE CCAP AGREEMENT ON PAGE 3



HOUSEHOLD MEMBERS — DO NOT LIST YOURSELF AGAIN

List all persons living at this address with you

MUST INCLUDE: DATE OF BIRTH (Month/Day/Year) & RELATIONSHIP

(For Gender and Ethnicity—if you *Prefer Not to Answer*— put an **X** in the space)

1. First Name: _____ Middle Name: _____ Last Name: _____

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

2. First Name: _____ Middle Name: _____ Last Name: _____

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

3. First Name: _____ Middle Name: _____ Last Name: _____

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

4. First Name: _____ Middle Name: _____ Last Name: _____

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

5. First Name: _____ Middle Name: _____ Last Name: _____

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

6. First Name: _____ Middle Name: _____ Last Name: _____

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

7. First Name: _____ Middle Name: _____ Last Name: _____

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

8. First Name: _____ Middle Name: _____ Last Name: _____

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

9. First Name: _____ Middle Name: _____ Last Name: _____

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

10. First Name: _____ Middle Name: _____ Last Name: _____

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

11. First Name: _____ Middle Name: _____ Last Name: _____

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

12. First Name: _____ Middle Name: _____ Last Name: _____

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

13. First Name: _____ Middle 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 the city of Winchester and Frederick County VA. CCAP is a non-profit organization using all of its resources for the benefits 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, 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 any said matter sustained on CCAP's property.
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.

_____ **Client - Printed Name** _____
Date

X **Client - Signature** _____