

Open Doors Self Sufficiency Food Bank Participant Application

New-Re newal
 Fecha/Date _____

First, Middle, & Last
 Primer Nombre, Segundo y Apellido

Social Security Number
 Numero de Seguro Social/ ITIN

Date of Birth
 Fecha de Nacimiento

Gender/Race
 Genero/ Raza

Street Address
 Direccion

City & Zip Code
 Ciudad y Codigo Postal

Phone Number
 Numero de Telefono

Active Military
 Servicio Militar Activo

Disabled/Discapacitado?

YES/NO

What is your monthly Rent/Mortgage? Highest Grade Level Completed (Please Check

\$ _____
 Cuanto es su renta o pago de casa mensual?

one)
 Nivel De educacion

Is your rent subsidized?
 No

Yes/Si

Non Graduate _____ GED _____
 No Graduado Diploma de Educacion General

Es su renta Subvencionado?

If Yes, your actual monthly rent
\$ _____

Si es subvencionada cuanto es su renta actual?

High School Diploma _____ Post-Secondary _____
 Secundaria Universidad

Are utilities included?
 No

Yes / Si

Incluye utilidades?

Marital Status (Please Check One)

Estado Civil (Marque uno)

Single _____ Married _____

Divorced _____

Soltero/a Casado/a Divorciado/a

Separated _____ Widowed _____

Partner _____

Seperado Viudo/a Pareja

Dwelling Type (Please Check One)

Tipo Alojamiento

Apartment _____ Duplex _____

Apartamento Duplex

Mobile Home _____ Rent Home _____

Casa Movil Casa Rentada

Own Home _____ Shelter _____

Casa Propia Refugio

Family Size

Self _____ Spouse/Partner _____

Si Mismo Conyuge/Pareja

Children (Indicate Number)

Hijos (indica el numero)

Boys _____

Varones

Girls _____

Hembras

Please list any forms of income you receive for all members of household

(write Zero if no income)

Favor de escribir todos ingresos recibidos

por todos miembros del hogar (Escribe cero si no hay ingresos)

Family Type (Please Check One)

Tipo de Familia (Marque uno)

Married (with children) _____

Casado/a (con ninos)

Foster Parent _____

Padre de Crianza

Living Arrangements

(Please Check One)

Situacion de Vivienda (Marque uno)

Rent _____

Renta

Employment (Self)

\$ _____
Empleo por si Mismo
SSI/SSD

\$ _____
Seguro Social/Disabilidad
Alimony

\$ _____
Pension Ahmenticia
TANF

\$ _____
Beneficios de Asistencia Social
Child Support

\$ _____
Mantimiento de Hijos

Employment
Empleo
(Spouse/Partner)
\$ _____
(Conyuge/Pareja)

Social Security
\$ _____
Seguro Social

Unemployment
\$ _____
Desempleo
Other / Otro
\$ _____

TOTAL MONTHLY INCOME
\$ _____

Todo Ingreso Mensual
FOOD STAMPS
\$ _____
Estampillas para Comida

Multiple Adults (with children) _____
Varias Adultos (con ninos)

Single Parent (with children) _____
Padre Soltero/a (con ninos)

Multiple Adults (no children) _____
Varias Adultos (sin ninos)

Single Parent (with no children) _____
Padre/Madre soltero/a (sin ninos)

Single Adult (no children) _____
Adulto Soltero (sin ninos)

Grandparents _____
Abuelos

Married (no children) _____
Casado /a (sin ninos)

Rent (Subsidized) _____
Renta Subvencionado

Own _____
Casa Propia

Living w/Friends _____
Vive con Amigos

Living w/Family _____
Vive con Familia

Homeless _____
Sin Hogar

Transitions/Shelter _____
Transicion/ Refugio

**Do you or your family member
have Medical Insurance?**

Tiene aseguranza medica para usted o su familia?

Name of Current Employer (Self)

Nombre del Empleador

Self ___ Spouse ___ Children ___
Si mismo Esposo/a Hijos

Average hours per week ___ Wage ___
Promedio de horas trabajadas semanales Salario por hora

Hourly

**Do you or your family member
have Medicaid?**

Usted o su familia tiene Medicaid?

Full Time ___ Part Time ___ Seasonal ___
Tiempo completo Tiempo Parcial Temporada

Average Overtime ___
Cantidad de Horas Extras

Self ___ Spouse ___ Children ___
Si mismo Esposo/a Hijos

If not employed, what are you actively doing to find
employment?

Si no esta empleado, que hace para conseguir trabajo?

How long have you been unemployed?

Cuanto tiempo tiene sin empleo?

CHILDREN LIVING WITH YOU

Ninos viviendo con Usted

First, Middle, & Last
Primer Nombre, segundo y

Date of Birth
Fecha de

Age Gender/ Social Security
Edad **Race** **Number /ITIN**

Do you have Disabled/ Discapa-
legal

Apellido	Nacimiento	Genero/Raza	Numero de Seguro Social	Legal custody? Tiene Custodia Legal?	citado?
					Y/N
					Y/N
					Y/N
					Y/N
					Y/N
					Y/N

SPOUSE/PARTNER INFORMATION

Informacion sobre Conyuge/Pareja

First, Middle, & Last Primer nombre, Segundo Apellido	Date of Birth Fecha de Nacimiento	Gender Genero	Race Raza	Active Military Servicio Militar Activo	Social Security Number Numero de Seguro Social / ITN
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Education (Please Check One)

Educacion (Marque uno)

Non Graduate/
No Graduado/a
____ GED/Diploma de
Educacion General ____
H/S Graduate/Graduo
Secundaria ____
Post-
Secondary/Colegio ____
Other/Otro ____

Employment Information

Informacion sobre El Empleo

Name of Current Employer: _____
Nombre del Empleador

Average Hours per week: _____ Hourly Wage _____
Horas promedias trabajadas semanales Sueldo Por Hora

Average Overtime: _____
Promedio de Horas Extras

If not employed, What are you doing to find employment?

Si no esta empleado/a, que hace para conseguir trabajo

How long have you been unemployed? _____
Cuanto tiempo tiene sin empleo?

Disabled/Discapacitado?

YES/NO

Please describe your current situation (In Detail)

Favor de describir su situacion coriente (con detalles)

125% of Poverty			150 % of Poverty		
Size Tamavo	Monthly Mensual	Yearly Anual	Size Tamavo	Monthly Mensual	Yearly Anual
1	\$1,301	\$15,613	1	\$1,561	\$18,375
2	\$1,761	\$21,138	2	\$2,114	\$25,365
3	\$2,222	\$26,663	3	\$2,666	\$31,995
4	\$2,682	\$32,138	4	\$3,219	\$38,625
5	\$3,143	\$37,713	5	\$3,771	\$45,255
6	\$3,603	\$43,238	6	\$4,324	\$51,885
7	\$4,064	\$48,763	7	\$4,876	\$58,515
8	\$4,524	\$54,288	8	\$5,429	\$65,145
Add \$460 for monthly, \$5,525 for yearly for each additional family member over 8.			Add \$553 for monthly, \$6,630 for yearly for each additional family member over 8.		

Federal Poverty Guidelines

January 2019

Agencies you have received assistance from (Include Amounts and Dates)

Agencias de donde ha recibido asistencia (incluye cantidades y fechas)

This information will be shared with other agencies to avoid any misuse of the program.

Esta informacion sera compartido con otras agencias para prevenir el abuso del programa

I give Open Doors permission to contact DWS or any other Agencies for verification purposes advocacy and referrals. This release is valid for 12 months unless revoked in writing. I agree not to hold Open Doors and its staff liable for any incidents, discrepancies or repercussions that may occur. I certify that the information heron is correct to the best of my knowledge and understand giving false information is ground for refusal of assistance.

Please Initial you have read and understand the statement: _____

Applicants Signature: _____ Date: _____

Doy permiso al Open Doors para comunicarse con el Departamento de Servicios de Trabajadores (DWS) o cualquier otras agencias para verificación, Apoyo, y Referencias. Este Permiso será valido por 12 meses o hasta que sea revocado por escrito. Estoy de acuerdo de no hacer culpable a Open Doors y sus empleado por cual quier accidentes, incidentes, ni repercusiones que pueden ocurrir. Certifico que la información es correcta que yo sepa y que dar información falsa es razón para negar asistencia.

Por favor de poner sus iniciales indicando que lo ha leído:

Por favor de poner sus iniciales indicando que lo ha leído. _____

Firma del Apicante:

Fecha: _____

Income	Monthly Amount	Expenses	Monthly Amount
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Primary Income/ Empleo		Column 1	
Secondary Income		Rent/Mortgage	
TANF /Asistencia financiera		Pago de Renta/ Casa	
SSD/SSI/Seguro social		Utilities/Electric/ Luz	
Unemployment		Utilities/Water	
Desempleo		Agua	
Child Support		Utilities/Gas	
Manutencion los ninos		Groceries/ Comida	
Student Aid		Essential Non Food Items/	
Food Stamps Estampillas de comida		Articulos no alimenticios	
WIC (recibe)	Yes SI No	Day Care/ Cuidado de ninos	
Other/ algo mas		Child support	
		Car Insurance	
		Aseguransa de carro	
		Gasoline/ Gasolina	
		Medical Insurance	
		Aseguransa medica	
		Medication/ Medicina	
		Medical Payments/Gastos Medicos	
		Home Phone/ telefono de casa	
		Total	
		Column 2	
		Cell Phone/ Cellular	
		Court Fines	
		Cable/Dish	
		Credit Cards	
		Terjetas de credito	
		Entertainment	
		Entretenimiento	
		Alcohol/Tobacco	
		Dinning Out	
		Car Payment	
		Payday Loans	
		Miscellaneous	
		Total	

Total Column 1

Total Column 2

Total Expenses
Gastos totales

Total Income

Income After Expenses

Review Date:

Staff Initials:

Mission Statement:

Empowering Families to eradicate poverty and abuse from their own lives by building self-reliance and strengthening family relationships.

Vision Statement:

Eradicate poverty and abuse in our community by providing support services that bring Positive change to individuals and families in our community.

Values:

People have the right to live without abuse or fear of abuse.

People deserve to be treated with dignity and respect.

People deserve to have the opportunity to improve their circumstances.

—
Applicant Signature

Date

—
Staff Date

To all participants
Please note:

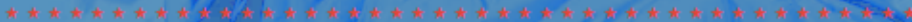
Once you have weighed out your food you are not allowed to get any additional food, bread, pastries or produce.

Para Todos los participantes

Favor notar:

Una vez halla pesado su comida no es permitido cojer comida, pan, dulces, frutas o vegetales.





In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs.)

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

De acuerdo a lo establecido por las leyes Federales y el Departamento de Agricultura de los EE.UU. (USDA, siglas en inglés), se prohíbe a este organismo la discriminación por raza, color, origen nacional, sexo, edad, o impedimentos de las personas. (No todas las bases de prohibición se aplican a todos los programas.)

Para presentar una queja sobre discriminación, escriba a USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410, o llame al (202) 720-5964 (voz y TDD). USDA es un proveedor y empleador que ofrece oportunidad igual a todos.

Resources

Expanded Food and Nutrition Education Program

FREE Nutrition Lessons for a Healthy Lifestyle

State Office: Davis County Courthouse

28 East State Street, Farmington, UT 84025

Main: 801-451-3405

Available in:

Davis County, Weber County, Salt Lake County, Utah County, Morgan County

Food Sense

Kendyl Radle

Certified Nutrition Education Assistant

Davis County Extension Office

28 East State Street, Room 107, Farmington, UT 84025

Office: 801-451-3412 Cell: 435-459-9450

Email: kendyl.radle@usu.edu

Davis County Learning Center

Debbie Comstock, MSW, CSW

Family Support Specialist

210 East Center Street

Clearfield, UT 84015

Main: 801-402-8395

Office: 801-402-8387

Email: decomstock@dsdmail.net

Budget Mobile

For all customer services needs

Please Call

1-88-777-4007

www.budgetmobile.com

Assurance Wireless

Discounted Telephone Service

PO Box 686

Livingston, LA 70754

1-888-898-4888 Main

www.assurancewireless.com

Cars that Care Foundation

Providing cars for single mothers and needy families.

Main: 801-294-4060

Low Income Health Insurance

Insurance SoluTNS.com

Karla Barrera

Cell: 801-784-3775

Office: 1-800-336-1367

HealthCare Equipment and Disability Service Center

Roads to Independence

Tracy Socwell

Program Manager

tracy@roadstoind.org

3355 Washing Blvd.,

Ogden, UT 84401

www.roadsto independence.org

Office: 801-612-3215

Toll Free: 1-866-734-5678

Cottages of Hope

Exists to inspire individuals and households to realize their potential by providing meaningful programs and services, at no cost, that empower them to achieve greater levels of financial stability.

Open Monday-Friday 9 AM – 5PM

2724 Washington Blvd, Ogden, UT 84401

Main: 801-393-4011

Canyon Heights Adult Learning

525 East DATC Dr.

Kaysville, UT 84037

801-402-0720

Clearfield WIC Office

22 South State St. FL 1

Clearfield, UT 84015

Main: 801-525-5010

Midtown Community Health Center – Davis County Medical and Dental Clinics

22 South State Street Suite 1007

Clearfield, UT 84015

Main: 801-393-5355

Hours: Monday – Friday 8 AM – 6 PM

Must be uninsured and not qualify for state insurance programs. Friends for Sight

Glasses and contacts

6715 S 1300 E Suite 250, Cottonwood Heights, UT 84121

Main: 801-524-2020

Senior Charity Care Foundation

PO Box 744

Kaysville, UT 84037

801-468-6806

Office of Recovery Services

515 E 100 S #8

Salt Lake City, UT 84102

801-536-8500

