



## 2021 Client Contact Information and Income Verification Form

*Please print clearly*

Household Size

Date: \_\_\_\_\_

New Client     Renewal

**You and Your Household:**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Gender:**  Male  Female  Transgender  Prefer not to say    **Veteran:**  Yes  No

**Marital Status:**  Single  Married  Common-Law  Divorced  Separated  Widowed  Prefer not to say

**Address:** \_\_\_\_\_ **City/Zip:** \_\_\_\_\_

Check here if no fixed address    Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

**County:**  Monroe  Washtenaw    **Email Address:** \_\_\_\_\_

**Phone:** Cell \_\_\_\_\_ Other \_\_\_\_\_ May we leave a message?  Yes  No

Check your preferred mode(s) of communication:  Telephone  Text  Email

**Additional Household Members:**

First/last names of adults living in home (18 and older)	Birthdate	Age	Gender	Veteran? Yes/No	Relationship To Head of Household	Has income of any kind? Yes/No
First/last names of minor children living in home	Birthdate	Age	Gender	Relationship To Head of Household	Has income of any kind? Yes/No	

**Housing Type (select one):**

Own Home     Vehicle     Hotel/FEMA     Public (Social) Housing  
 Rental     Emergency Shelter/Mission/Transitional     Evacuee  
 Senior Housing     With Family/Friends     Unhoused     Prefer not to say     Other

**Language(s) Spoken in the Household (check all that apply):**

- English       Spanish       Mandarin       Arabic       Russian       German  
 French       Other: \_\_\_\_\_

**Ethnicity (check all that apply):**

- White/Anglo       Black /African American       Hispanic/Latino       Pacific Islander  
 Arab American       American Indian/Native American       Asian       Alaska Native/Aleut/Eskimo  
 Other       Prefer not to say

**Self-Identifies As:**

- Developmental Disability       Pregnant       Evacuee       Other  
 Disability       Breastfeeding       Refugee       N/A (none of these apply)  
 Veteran       Postpartum       Mental Illness       Prefer not to say

**Additional information that may help us better serve you:**

**Education (check highest level completed) (optional):**

- Grades 0-8       GED       Master's Degree  
 Grades 9-11       Trade School / Professional Accreditation       PhD  
 High School Diploma       2 Year Degree       Prefer not to say  
 Post-Secondary (Some)       4 Year Degree

**Current Employment Type:**

- Full-Time       Out of work for LESS than 1 year       Homemaker/Stay at home parent  
 Part-Time       Out of work for MORE than 1 year       Post-Secondary Student  
 None       Retired       Other

**Income Information:**

**Income Sources (check all that apply):**

In order for Aid in Milan to qualify for grants, we must show our funders the need in our community. This means that we must carefully document the income of any client seeking assistance.

Please use the following checklists to identify sources of earned and unearned income for all members of your household. ***If you have no income, you will need to demonstrate that and also show how you are paying for your housing and other bills.***

- Full-Time Employment       Retirement Income (Pension)       Alimony  
 Part-Time Employment       Unemployment       Private Disability  
 Social Security Disability Insurance (SSDI)       Scholarships       Social Assistance  
 Supplemental Security Income (SSI)       Student Loans       SSA  
 Net earnings from Self Employment       Spouse/Family Support       Other

**Total Gross Monthly Income \$** \_\_\_\_\_

Bring this completed form with documents that prove your income level to Aid in Milan; we can make copies, if necessary. Documents you bring should be relevant/current and may include paycheck stubs, statements of benefits, bank statements (for Social Security) and income tax forms. Aid in Milan reserves the right to verify all statements/information provided.

**Benefits Received through DHHS:**

- SNAP (Supplemental Nutrition Assist. Prog.)/Amt. \$ \_\_\_\_\_  Medicaid (Healthcare)
- Child Development and Care  Cash Assistance/Amt. \$ \_\_\_\_\_
- SER - State Emergency Relief (utility, housing, burial assistance) If so, when? \_\_\_\_\_
- If you have healthcare coverage other than Medicaid, what type do you have? \_\_\_\_\_

**Other Benefits Received:**

- Aid to the Aged, Blind or Disabled  Social Security for Disabled Persons  Medicare
- Children’s Health Insurance Program (CHIP)  Social Security for Retired Persons  Head Start
- Free or reduced price school breakfast  Social Security Survivors Benefits  Other
- Free or reduced price school lunch  Low-income Home Energy Assistance Program (LIHEAP)
- TANF (Temporary Assistance to Needy Families)  Veterans Aid and Attendance Pension Program
- Housing Assistance (Voucher, Section 8, or other subsidy)
- WIC (Supplemental Assistance for Women, Infants and Children)

**Have you received benefits or assistance from any of the following organizations during the last 12 months?**

- Aid in Milan  Saline Area Social Services  THAW
- Compassion Ministries  Salvation Army  DHHS State Emergency Relief
- Friends in Deed  Barrier Busters  Other: \_\_\_\_\_
- MCOP

**Dietary Considerations:**

- Celiac Disease  Halal  Seafood Allergy/Sensitivity
- Dairy Allergy/Sensitivity  Kosher  Soy Allergy/Sensitivity
- Dental Concerns  Low Sodium  Tree Nut Allergy/Sensitivity
- Diabetic  No or Limited Cooking Equipment  Vegan
- Egg Allergy/Sensitivity  No Refrigeration  Vegetarian
- Gluten Allergy/Sensitivity  Peanut Allergy/Sensitivity  Other: \_\_\_\_\_

**\*TEFAP (The Emergency Food Assistance Program)**

The Emergency Food Assistance Program Income Eligibility Guidelines  
Updated August 2020. Based on 200% of Federal Poverty Guidelines

Household Size	Annual	Monthly	Weekly
1	\$25,520	\$2,126	\$490
2	\$34,480	\$2,873	\$663
3	\$43,440	\$3,620	\$835
4	\$52,400	\$4,366	\$1,007
5	\$61,360	\$5,113	\$1,180
6	\$70,320	\$5,860	\$1,352
7	\$79,280	\$6,606	\$1,524
8	\$88,240	\$7,353	\$1,696
<i>For each additional family member add</i>	\$8,960	\$746	\$172

**\*The USDA requires that clients indicate how they are eligible to receive TEFAP/USDA food. We cannot and will not verify the information you provide in order to receive food. You MUST check at least one option below (required):**

- Need-eligible for TEFAP/USDA.
- Income Eligible for TEFAP/USDA (see table).
- Program Eligible for TEFAP/USDA (participates in SNAP, WIC, FDPIR, CSFP or a child receives free/reduced meals at school).

**Type of assistance requested from Aid in Milan:**

- Monthly Food Pantry
- Financial Assistance      DTE/Water/Propane/Other: \_\_\_\_\_ Dollar amount: \_\_\_\_\_
- Seasonal (holiday, school supplies, winter clothing, etc.), if applicable

**Available Resources:**

Please check any of the following topics which you would like to learn more about:

- Applying for DHHS services (food assistance, medical assistance, etc.)
- Financial planning and budgeting
- Healthy living
- Food and nutrition (including cooking and shopping)
- Domestic violence resources
- Finding affordable housing
- Large appliance repair/replacement programs
- Drug/alcohol/tobacco addiction programs
- Job search
- Pet care programs
- Adult education (GED, high school completion, reading programs, postsecondary education)
- Parenting
- Free books for children
- Summer camp for children
- Home-delivered meals for seniors and homebound
- Other \_\_\_\_\_

Would you attend a workshop for any of these topics if they were available?  Yes  No

**How did you hear about Aid in Milan?** \_\_\_\_\_

**Possible Programs Available at Aid in Milan:**

Please check any you would be interested in. We will contact you if you are eligible.

- Pantry on Wheels (Home Delivered meals for seniors and homebound)
- Personal Care Items
- Free Tax Preparation
- Easter Baskets for children 12 and under
- Summer Food Program for children who receive free/reduced school lunch
- Schools Supplies
- Halloween Costumes
- Thanksgiving Box
- Milan Rotary Boxes
- Adopt-a-Family or Other Holiday Programs
- Winter Coats, Hats, Gloves, Scarves
- Quilts
- Birthday Bag for children

Aid in Milan will take reasonable measures to protect personal information collected. Information will be accessed by staff on a need only basis. I understand this application is confidential and will be kept according to Aid in Milan's document retention policy.

I certify that all the information provided is truthful and complete, including the earned and unearned income received by household members. If there is a change in the circumstances that affect my household size or income, I will contact Aid in Milan within 30 days and provide appropriate documentation. My signature also authorizes Aid in Milan and its representatives to utilize the above information in good faith to endeavor to provide the most appropriate services in the best interest of myself, members of my household, and Aid in Milan, Inc.

I provide written consent to record my information on Link2Feed, a secure electronic database:  Yes  No

Member / Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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