2023 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
- ☐ Part-Time Employment
- ☐ Social Security Disability Insurance (SSDI)
- ☐ Supplemental Security Income (SSI)
- ☐ Net earnings from Self Employment
- ☐ Retirement Income (Pension)
- ☐ Unemployment
- ☐ Scholarships
- ☐ Student Loans
- ☐ Spouse/Family Support
- ☐ Alimony
- ☐ Private Disability
- ☐ Social Assistance
- ☐ SSA
- ☐ 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
- ☐ Children's Health Insurance Program (CHIP)
- ☐ Free or reduced price school breakfast
- ☐ Free or reduced price school lunch
- ☐ TANF (Temporary Assistance to Needy Families)
- ☐ Housing Assistance (Voucher, Section 8, or other subsidy
- ☐ WIC (Supplemental Assistance for Women, Infants and Children)
- ☐ Social Security for Disabled Persons
- ☐ Social Security for Retired Persons
- ☐ Social Security Survivors Benefits
- ☐ Low-income Home Energy Assistance Program (LIHEAR)
- ☐ Veterans Aid and Attendance Pension Program
- ☐ Medicare
- ☐ Head Start
- ☐ Other

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

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

*TEFAP (The Emergency Food Assistance Program)

The Emergency Food Assistance Program Income Eligibility Guidelines
Updated May 2023. Based on 200% of Federal Poverty Guidelines

Household Size	Annual	Monthly	Weekly
1	$29,160	$2,430	$561
2	$39,440	$3,287	$758
3	$49,720	$4,143	$956
4	$60,000	$5,000	$1,154
5	$70,280	$5,857	$1,352
6	$80,560	$6,714	$1,550
7	$90,840	$7,571	$1,748
8	$101,120	$8,428	$1,946
For each additional family member add	$10,280	$857	$198

***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

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: _____

Non-Discrimination Statement

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Staff Notes