



### PORCH, TABLE & IFC Registration Form

PORCH, TABLE, and IFC are local food access non-profit organizations that provide nutritious food to community members that need extra support. We would like to respectfully invite you to apply for enrollment in our food access programming. Your information will be kept confidential and will only be shared with TABLE, PORCH, & school social workers. Someone from PORCH, TABLE, or IFC will contact you to discuss the next steps of your application. Thank you!

Today's Date: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Apartment/Lot #: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Preferred Language: \_\_\_\_\_

#### Eligibility Questions:

Do you or anyone in your household live, work, or attend school in:  Chapel Hill or Carrboro  Orange County  Neither

I am interested in applying for enrollment through (Check all that apply):

- PORCH:** Supplies a week's worth of fresh and nonperishable food, once a month.
- TABLE:** Delivers a bag of fresh and non-perishable food weekly to your doorstep. TABLE currently has a wait list for services.
- IFC:** Supplies produce, dairy, proteins, and nonperishables, once a month.

**Adults in the Household:** Please list all adult household members, including yourself, below.

First Name	Last Name	Date of Birth	Gender	Race/Ethnicity	Employment Status	Monthly Gross Income <small>(Earnings before taxes are taken out)</small>	Relationship to Applicant
					<input type="checkbox"/> Full <input type="checkbox"/> Part-Time <input type="checkbox"/> None		
					<input type="checkbox"/> Full <input type="checkbox"/> Part-Time <input type="checkbox"/> None		
					<input type="checkbox"/> Full <input type="checkbox"/> Part-Time <input type="checkbox"/> None		
					<input type="checkbox"/> Full <input type="checkbox"/> Part-Time <input type="checkbox"/> None		

**Children in the Household:** Please list all children living in your home.

First Name	Last Name	Date of Birth	Gender	Race/Ethnicity	School	Grade	Special Diets/Allergies

Add the information for any other children to a blank sheet of paper and attach to this form.

**Household Information:**

Which of the following do you hope to receive? Check all that apply. (NOTE: Organizations may not be able to accommodate your request.)

Fresh food    Nonperishables    Other: \_\_\_\_\_

Do you have health insurance?  Yes    No   **If yes**, is it:  Medicaid    Medicare    Other

What is your housing status?  Rent    Own    Homeless    Non-Paying Occupant

Estimated monthly grocery expenses: \$ \_\_\_\_\_

Do you have access to reliable form of transportation to pick up food each month?  Yes    No

Do you receive other types of food assistance? Your answer **will not** affect service. Check all that apply:

SNAP/EBT/Food Stamps    WIC    PORCH    IFC    TABLE    Free/Reduced School Meals    Meals on Wheels    Other: \_\_\_\_\_

I certify that I am 18 years or older, provided accurate, information, and consent to be enrolled in either TABLE, PORCH, and/or IFC's food access programming and abide by the requirements of the program, picking up my food where applicable and sharing feedback about my experience.    Agree    Disagree

I was referred by:  Self    Friend/family    School social worker: \_\_\_\_\_    Nonprofit: \_\_\_\_\_

Other: \_\_\_\_\_