



11215 D, Lee Highway, Fairfax, VA 22030
703-581-1600 | FAX: 703-581-6865

Program Intake Form

FOOD
 F. A.
 J. C.
 File
 New
 Service

 Food:
 Monday
 Friday

Date:	
Assistance Needed:	
Amount Needed:	\$
Family's Contribution:	\$
Interview By:	
Approved Date:	
Approved By:	
Rent/Utilities/Gasoline:	\$
Payable to:	

Name (Last) _____ (First) _____ (MI) _____ SSN: xxx-xx-____
 Co-Applicant Name (Last) _____ (First) _____ (MI) _____ SSN: xxx-xx-____
 Single Married Divorced Separated Widow
 Street Address: _____ Apt: _____
 City _____ State: **VA** Zip: _____

(H) Hispanic or Latino
 Yes No

DOB: _____ Age: _____ Sex M / F
 DOB: _____ Age: _____ Sex M / F
 Phone: (H) _____ (W) _____ (Cell) _____

RACE
 (AI) American Indian/Alaskan | (A) Asian | (B) Black/African American
 (ME) Middle Eastern | (W) White/Caucasian | (MR) Mixed Race
 (O) Other Not Reported

Referred By: _____ Phone: _____

Household Composition -- Please include all household members that you support:

	Last Name	First Name	MI	Sex	DOB	Age	SSN / School	Disabled Y/N
1.								
2.								
3.								
4.								
5.								
6.								

Financial Assistance Plan & Agreement:
 In consideration for receiving financial assistance from JMCAP, I, my dependents, assign, and others in my care or custody do commit to working within a Plan for Self-Sufficiency with the staff, volunteers, and contractors of JMCAP. I commit to attending at least three (3) conferences, workshops, classes, appointments or meetings designated by JMCAP staff within one (1) year of receipt of financial assistance from JMCAP. Failure to attend or participate disqualifies me from the JMCAP Self-Sufficiency Program and I will no longer receive any services from the Self-Sufficiency Program.

Notice to Fund Recipients:
 Efforts to get funds in the hands of creditors and service providers are sometimes hampered by the uncertainty of mail delivery, confirmation of information, mis-posting of funds by landlord or utility company, and other obstacles. Payment of your bill is still your responsibility and you should continue to search for the assistance you require. Late fees, penalties, evictions, disruption of services are not assumed by JMCAP and/or staff. I understand this Financial Assistance Plan and Agreement and will abide by this commitment.

Signature _____ Date _____

Applicant:

\$ _____ Job
 \$ _____ TANF
 \$ _____ Food Stamps
 \$ _____ Child Support / Alimony
 \$ _____ SSI / Social Security / Disability
 \$ _____ Other Income
 (Unemployment/Boarders/etc.)
 \$ _____ Total Monthly Income
 \$ _____ - (Rent / Mortgage)*

Co-Applicant:

\$ _____ Job
 \$ _____ TANF
 \$ _____ Food Stamps
 \$ _____ Child Support / Alimony
 \$ _____ SSI / Social Security / Disability
 \$ _____ Other Income
 (Unemployment/Boarder/etc.)
 \$ _____ Total Monthly Income

Total Combined Monthly Income

Employed? Yes No Co-Applicant employed? Yes No
 Do you have health insurance? Yes No Co-Applicant has health insurance? Yes No
 Do children have health insurance? Yes No Rent (Subsidized housing) Yes No
 Female head of household? Yes No
 Household members under 18? Yes No
 Unemployed household members between the ages of 18 - 55? Yes No
 Disabled household member under 55? Yes No

Applied/receiving food stamps? Yes No If Yes, date applied? _____ / _____ / _____
 Applied/receiving WIC? Yes No If Yes, date applied? _____ / _____ / _____

Assistance Requested: {Check appropriate item(s)}

Gas Food School Supplies
 Electric Job Counseling Holiday Assistance
 Water Clothing Other: _____
 Mortgage Transportation
 Rent Gasoline: _____

Food Restrictions
 Diabetic/low salt
 Vegan
 Food Allergies _____

Household Size (number of persons)	Extremely Low Income (50% MSA*)	Low Income (80% MSA*)	Low/Mod Income (80% MSA*)
1	\$19,850	\$33,100	\$42,000
2	\$22,700	\$37,800	\$48,000
3	\$25,500	\$42,550	\$54,000
4	\$28,350	\$47,250	\$60,000
5	\$30,600	\$51,050	\$64,800
6	\$32,900	\$54,800	\$69,600
7	\$35,150	\$58,600	\$74,400
8+	\$37,400	\$62,350	\$79,200

Washington, DC, Metropolitan Statistical Area (MSA) MSA Median Family Income is \$94,600 / Source: HUD Effective Date March 20, 2007

Agreement Prohibiting Sale:

JMCAP receives donated items, food, and merchandise from churches, schools, merchants, governments, and individuals. All clients, family members, and individuals are strictly forbidden and to sell, barter, return or exchange to merchants, seek refunds or otherwise of any such merchandise, food or products.

I, the undersigned individual agree that I will not sell, barter, return or exchange to merchants, seek refunds or otherwise any products, items, food or food products donated to me or my family by JMCAP, nor will I cause the sale, bartering, return or exchange of products, and merchandise by others.

I understand that if I violate this agreement, I will forfeit any further services, gifts, and donations by JMCAP in the future.

Signature _____

Date _____

Release of Information:

On behalf of any minor children under my custody/guardianship, family members and myself, do further authorize the staff and volunteers at JMCAP to receive and release pertinent records, facts, documents, and information to and from other organizations, governments, businesses, individuals and other third parties and entities for the purpose of offering and analyzing comprehensive services of which I may qualify through JMCAP for my family members and me.

This release is effective until rescinded by a written direction.

Signature _____

Date _____

*If Denied - Reason
 Other Organization(s) referred to:*