

## SHIPPENSBURG PRODUCE AND OUTREACH NEEDS ASSESSMENT

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Last

First

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

No. in Household: \_\_\_\_\_ School District: \_\_\_\_\_

Name	Relationship	Date of Birth	Age	Disabled	Veteran	Race
1. _____	SELF	____/____/____	_____	_____	_____	_____
2. _____	_____	____/____/____	_____	_____	_____	_____
3. _____	_____	____/____/____	_____	_____	_____	_____
4. _____	_____	____/____/____	_____	_____	_____	_____
5. _____	_____	____/____/____	_____	_____	_____	_____
6. _____	_____	____/____/____	_____	_____	_____	_____
7. _____	_____	____/____/____	_____	_____	_____	_____
8. _____	_____	____/____/____	_____	_____	_____	_____

White= W

African American= AA

Hispanic= H

Asian=A

Native American= NA

Other= O

Disabled/Veteran= Yes or No

### GROSS INCOME

Who: \_\_\_\_\_

Who: \_\_\_\_\_

Total Earned Income: \$ \_\_\_\_\_

Amount \$: \_\_\_\_\_ per MONTH

Amount \$ \_\_\_\_\_ per MONTH

UNEARNED INCOME	MONTHLY	Need Information about Services: Y / N	Additional Expenses:
TANF	\$ _____	TANF(Cash Assistance) _____	Medical expenses _____
Social Security Retirement	\$ _____	SNAP(Food Stamps) _____	Large Unexpected expenses _____
Social Security Disability	\$ _____	Medical Assistance _____	
Supplemental Security Income	\$ _____	WIC(Women,Infants, Children) _____	
Pension	\$ _____	LIHEAP(Energy Assistance) _____	
Child Support	\$ _____	Child Care _____	
SNAP (Food Stamps)	\$ _____	Case Management _____	
Unemployment Compensation	\$ _____		

\_\_\_\_\_  
Recipient Signature

\_\_\_\_\_  
Agency Representative Signature