## SHIPPENSBURG PRODUCE AND OUTREACH NEEDS ASSESSMENT

Name:						Date:	
Last		First					Circle as needed:
		Zip:		County:			
No. in Household:	School District:						No Beef
Name	Male/Female	Date of Birth	Age	Disabled	Veteran	Race	No Mea
1	SELF						White= W
2							African American= AA
3							Hispanic= H
4						-	Asian=A
5							Native American= NA
6							Other= O
7							
8							Disabled/Veteran= Yes or No
GROSS INCOME Who:		Who:				Total Fa	rned Income: \$
Amount \$:		Amount \$				Total La	med medine. y
OTHER INCOME	MONTHLY	Need Information about	Service	es: Y / N		Addition	nal Expenses:
TANF	\$	TANF(Cash Assistance)				expenses	
ocial Security Retirement \$ SNAP(Food Stamps							nexpected expenses
Social Security Disability \$		Medical Assistance					
Supplemental Security Income \$		WIC(Women,Infants, Children)					
ension \$ LIHEAP(Energy Assistance)			,				
Child Support	\$	Child Care					
SNAP (Food Stamps)	\$	Case Management					
Unemployment Compensat	ion\$						
		Manager Control of the Control of th					
<b>Recipient Signature</b>		Age	ency R	epresentati	ive Signatu	re	