



TODAY'S DATE _____ Is this your first visit? Yes No

LAST NAME _____ FIRST & MIDDLE NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DATE OF BIRTH _____ GENDER male female transgender

PHONE _____ LANGUAGE SPOKEN AT HOME _____

Are you (select one) Unemployed Employed Part-Time Employed Full-Time

Are you (select all that apply) Veteran Senior Citizen

If you are under 55, do you have a documented disability? Yes No

RACE/ETHNICITY:

- Puerto Rican Caucasian
 Mexican Black/African American
 Dominican African
 Guatemalan Haitian
 Asian Jamaican
 Prefer not to specify Other _____

FOOD & HEALTH SENSITIVITIES:

- Diabetic No Pork
 Heart conditions No Nuts & Peanut Butter
 Lactose Intolerant Sodium
 No Gluten Vegetarian
Other _____

DOES ANYONE IN YOUR HOME RECEIVE ANY OF THE FOLLOWING?

- Fuel Assistance SSDI, if yes monthly amount \$ _____ Unemployment
 Head Start SSI, if yes monthly amount \$ _____ Veteran's Aid
 Medicaid or Mass Health TANF/Welfare WIC
 SNAP (Food stamps) Other _____

If you did NOT check any of the above: What is the total GROSS MONTHLY income for everyone in your HOUSEHOLD (please include social security, pension, retirement dividends, and other income)?

\$ _____

Annual Household Income This information will be kept confidential and used for data purposes only. Please check your income based on family size.

Income Guidelines 2017-18 table with columns: # of people in family, A (less than), B (between), C (between)

USES OTHER GRAY HOUSE SERVICES: Adult Education Kids' Club family

SIGNATURE: _____ DATE: _____

WHO ELSE LIVES IN YOUR HOUSEHOLD?

FIRST & LAST NAME	BIRTH DATE	GENDER	RACE/ ETHNICITY	MONTHLY INCOME	RELATIONSHIP TO HEAD OF HOUSEHOLD
					<input type="checkbox"/> Spouse <input type="checkbox"/> Unmarried Partner <input type="checkbox"/> Parent <input type="checkbox"/> Son/Daughter <input type="checkbox"/> Sibling <input type="checkbox"/> Grandchild <input type="checkbox"/> Unrelated <input type="checkbox"/> Other relative: <hr/> This individual is a: <input type="checkbox"/> Veteran <input type="checkbox"/> Senior Citizen
					<input type="checkbox"/> Spouse <input type="checkbox"/> Unmarried Partner <input type="checkbox"/> Parent <input type="checkbox"/> Son/Daughter <input type="checkbox"/> Sibling <input type="checkbox"/> Grandchild <input type="checkbox"/> Unrelated <input type="checkbox"/> Other relative: <hr/> This individual is a: <input type="checkbox"/> Veteran <input type="checkbox"/> Senior Citizen
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