



RESIDENT REGISTRATION FORM

To the best of your knowledge, please answer all questions, so we may better serve you. The information shared is for reporting purposes only and is not shared with outside entities.

Date: _____

Reason for visit: Food Assistance Applying for benefits Recertification of Benefits Referrals

Resident Name: _____ Date of Birth: ____/____/____ Gender: _____

Address: _____

City: _____ State: _____ Zip Code: _____ City District: _____

Telephone Number: _____ Email: _____

Referred by: DCF/DOH Senior Site School Partner Agency
 North Miami Department Other _____

Are you or any members of your family currently receiving the following benefits/ assistance:

- WIC (Women, Infants & Child(dren)) SNAP (Supplemental Nutrition Assistance Program) MEDICAID
 SSI (Supplemental Security Income) TCA (Temporary Cash Assistance) FLORIDA KIDCARE

Other member(s) of the household:

First & Last Name	Age	Date of Birth	Relationship

**Additional family members listed on back (if any).*

Employment Status (Part A)

- Currently Employed Full-Time
- Currently Employed Part-Time
- Unemployed
- Searching for Employment
- Student
- Retired

Employment Status (Part B):

- Unemployed (due to COVID-19)

Housing:

- Rent
- Own
- Shelter/ Temporary Housing/ Hotel
- Residing with a friend/ family/ family member
- Homeless/ In need of housing

Have you been tested for COVID-19:

- Yes
- No

Affected by COVID-19:

- Yes
- No

Dietary Restriction(s):

- Diabetes
- Cholesterol
- Hypertension (High Blood Pressure)
- Other _____

Health Insurance:

- Household Insured
- Household Uninsured
- Some members of household insured and some uninsured

Are you able to pick up your food?

- Yes
- No

Number of Seniors 55 and over

- 0
- 1-2
- 2-4
- 4-6
- 6 or more

Race/ Ethnicity:

- Black
- American Indian or Alaskan Native
- Asian
- Caucasian
- Haitian
- Hispanic
- Native Hawaiian or Pacific Islander
- Other: _____

Number of Children under 18:

- 1-2
- 2-4
- 4-6
- 6 or more

Education:

- Some High School
- High School Diploma
- Some College
- Vocational
- Associate
- Bachelor
- Master
- Doctorate

Annual Income:

- >\$12,140
- \$12,141 - \$16,460
- \$16,461 - \$20,780
- \$20,781 - \$25,100
- \$25,101 - \$29,420
- \$29,421 - \$33,740
- \$33,741 - \$38,060
- \$38,061 - \$42,380
- \$42,381<

North Miami Resident Agreement:

By signing below and to the best of my knowledge, I certify that all information provided on this form is true and correct. I understand that the NoMi Food Pantry is a supplemental program and is not meant to replace all of your food needs.

Resident Signature: _____ **Date:** _____

For Office Use Only:
Comments:

Method Delivery Code: _____