



## 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:** \_\_\_\_\_

<b>For Office Use Only:</b>
<b>Comments:</b>
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<b>Method Delivery Code:</b> _____