

MEMBER SHARE GROCERY PROGRAM FORM



Date:	
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Identification #:	
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Date of Birth:	
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UP Staff Member:	
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NAME

First:	Middle:
Last:	Suffix:

ADDRESS

Street:	
City:	State:
Zip:	County:
Phone:	Email:

HOUSEHOLD SIZE

Adults	
Children	

HOMELESS

Yes	
No	

VETERAN STATUS

Yes	
No	

FEMALE HEAD OF HOUSEHOLD

Yes	
No	

GENDER (Select all applicable)

<input type="checkbox"/>	Woman
<input type="checkbox"/>	Man
<input type="checkbox"/>	Non-Binary
<input type="checkbox"/>	Transgender
<input type="checkbox"/>	Questioning
<input type="checkbox"/>	Culturally Specific Identity (e.g., Two-Spirit)
<input type="checkbox"/>	Different Identity
<input type="checkbox"/>	Prefer not to answer

RACE and ETHNICITY (Select all applicable)

<input type="checkbox"/>	American Indian, Alaska Native, or Indigenous
<input type="checkbox"/>	Asian or Asian American
<input type="checkbox"/>	Black, African American, or African
<input type="checkbox"/>	Hispanic/Latina/e/o
<input type="checkbox"/>	Middle Eastern or North African
<input type="checkbox"/>	Native Hawaiian or Pacific Islander
<input type="checkbox"/>	White
<input type="checkbox"/>	Prefer not to answer

ALL HOUSEHOLD MONTHLY INCOME

Employment	\$
Social Security Retirement	\$
SSI/SSDI Benefits	\$
Child Support	\$
Unemployment	\$
SNAP Benefits	\$
Veteran Benefits	\$
TOTAL HOUSEHOLD INCOME	\$

I certify that I am eligible by the standards of United Against Poverty, Inc. (UP) for services. Eligibility is determined by the income eligibility chart posted at the Welcome Desk. This chart is for determining that I am living at or below the 200% of poverty level. I hereby verify that the info provided is correct and that I am currently living at the address I entered. I give UP permission to share this information with other agencies for the sole purpose of better serving my needs for two years from the date of this application. I agree to receive text and e-mail notifications about special offers or other programs that UP may offer. Text or messaging rates may apply. I have the right to opt out of receiving these text or e-mail notifications by following the instructions in the text or email on how to unsubscribe.

MORE INFORMATION ON UP PROGRAMS



SIGNATURE: _____

DATE: _____