MEMBER SHARE GROCERY PROGRAM FORM

Date:	
Date of Birth:	

Identification #:	
UP Staff Member:	

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)

	Woman
	Man
	Non-Binary
	Transgender
	Questioning
	Culturally Specific Identity (e.g., Two-Spirit)
	Different Identity
	Prefer not to answer

RACE and ETNICITY (Select all applicable)

	American Indian, Alaska Native, or Indigenous
	Asian or Asian American
	Black, African American, or African
	Hispanic/Latina/e/o
	Middle Eastern or North African
	Native Hawaiian or Pacific Islander
	White
	Prefer not to answer

HOW DID YOU HEAR ABOUT UP

	Family or Friend
	Social Media
	TV/Radio
	Referral Outreach
	Mobile Market Event
	Other

ALL HOUSEHOLD MONTHLY INCOME

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

MORE INFORMATION ON UP PROGRAMS ☐

I certify that I am eligible by the standards or 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. Must adhere to UAP Rules & Regulations posted at each UP Center. Failure to follow Rules will result in loss of Membership. 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.

SIGNATURE: _____

DATE: _____

Edited by MF 1/26/26