The Master's Hands, Inc NFP

P.O. Box 42, 1065 W. Main St, Olney, IL 62450

P.O. Box 92, 106 S. Van Buren, Newton, IL 62446

ENROLLMENT APPLICATION

Code: ____________ **Verified By:** ______________________ Date: ____________________

Household Totals **# in HH**_____________

Babies: ________ **Children:** ________ **Women:** ________ **Diabetics:** ________ **Seniors:** ________

^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^ DO NOT WRITE, OFFICIAL USE ONLY ^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^

CLIENT INFORMATION

Head of Household Shopper ____________________ ____________________ ____________________

LAST NAME — FIRT NAME YOU GO BY — MIDDLE

Date of Birth: ________________ **Diabetic:** YES NO (CIRCLE ONE) **Gender:** M F

Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced: **Phone:** ________________

Ethnicity: ☐ White ☐ Black ☐ Hispanic ☐ Asian ☐ American Indian ☐ Pacific Islander ☐ Middle Eastern ☐ Other

Address: ________________________________ **City:** ______________ **State:** __________

County: ________________ **Zip:** ____________ **Housing:** ☐ Rent ☐ Own ☐ Public ☐ Shelter ☐ None

Email: ______________________________ **Status:** ☐ Disabled ☐ Veteran ☐ None

Total Household Income per MONTH before taxes. (ALL people living in the house) $ ______________

OTHER HOUSEHOLD MEMBERS

Name	Date of Birth	Diabetic	Gender	Relationship
		Y / N	M / F / O	☐ Spouse ☐ Child ☐ Friend ☐ Roommate ☐ Other
		Y / N	M / F / O	☐ Spouse ☐ Child ☐ Friend ☐ Roommate ☐ Other
		Y / N	M / F / O	☐ Spouse ☐ Child ☐ Friend ☐ Roommate ☐ Other
		Y / N	M / F / O	☐ Spouse ☐ Child ☐ Friend ☐ Roommate ☐ Other
		Y / N	M / F / O	☐ Spouse ☐ Child ☐ Friend ☐ Roommate ☐ Other
		Y / N	M / F / O	☐ Spouse ☐ Child ☐ Friend ☐ Roommate ☐ Other
		Y / N	M / F / O	☐ Spouse ☐ Child ☐ Friend ☐ Roommate ☐ Other
		Y / N	M / F / O	☐ Spouse ☐ Child ☐ Friend ☐ Roommate ☐ Other
		Y / N	M / F / O	☐ Spouse ☐ Child ☐ Friend ☐ Roommate ☐ Other
		Y / N	M / F / O	☐ Spouse ☐ Child ☐ Friend ☐ Roommate ☐ Other
		Y / N	M / F / O	☐ Spouse ☐ Child ☐ Friend ☐ Roommate ☐ Other

Do you regularly attend Church: Yes No Pastor Name: ____________________

Name of Church: **City:**

HOUSEHOLD INFORMATION

Do you receive any assistance from any other Organizations, Non-Profits or Churches? If so, PLEASE list.			
Organization	**Location**	**Organization**	**Location**

Does ANY member of the household receive any of the following? Mark all that apply

□ AFCD (Aid Family w/Dependent Children) □ CHIP (Children's Health Insurance Program) □ Disability □ Medicaid

□ Medicare □ SNAP (Supplemental Nutrition Assistance Program) □ WIC (Women, Infants & Children)

□ TANF (Temporary Assistance to Needy Families) □ LIHEAP (Low Income Home Energy Assistance Program) □ Other

Dietary Considerations or Allergies (Mark all that apply to the household)

□ Dairy □ Diabetic □ Egg Allergy □ Gluten Allergy □ Lactose Intolerant □ Peanut Allergy □ Pork Allergy □ Vegan

□ Seafood Allergy □ Shell Fish Allergy □ Vegetarian □ Other: □ None

STATEMENTS OF UNDERSTANDING

Initial	Statements
	You can receive food **ONCE** a month, by appointment ONLY.
	Food Issuance Appointments: **Olney**: Tuesday & Friday 9am -11:30am & 1-4pm, **Newton**: Tuesday, 9am-11:30am & 2-4pm
	Appointments can **ONLY** be changed if you have your Client ID number and pass code. ****OLNEY****
	We ask that you bring your own boxes/totes/bags. **PLEASE** check for **BUG**S and cleanliness.
	You **MUST** call and cancel your appointment if you are not able to make it.
	No Call/No Show will result in your next appointment being made when appointments are available and **NOT** necessarily the soonest issuance day.

Signature: **Date:**

OFFICIAL USE ONLY

Client ID #: _____ **Passcode for phone verification:** _____

Client preferences: **Appointment:** □ Tuesday □ Friday □ Saturday □ Morning □ Afternoon

Household Verified by: _____ **Date:** _____

Authorized Agent: _____ **Phone:** _____

ID Type: **ID #:**

DISCLAIMER

The Master's Hands Inc. NFP respects our client's information and wants to ensure it remains private. Providing information electronically can be safer than providing information on paper, once you fill out your paper and your information is entered electronically, your application if filed accordingly. Only certain staff and volunteers can log in to the system and have access to information, and each person has been trained and has signed an agreement to keep your information private.

We may use your personal information for a variety of reasons:

- ***To Improve Our Programs:*** *We may use your information to improve our programs or activities. For example, staff may look at information to review the quality of services that people receive.*

- ***To Do Research:*** *We may use your information for research and analysis. Any reports produced with the data will NOT identify your individual information. Our staff and volunteers will only share your information with qualified persons outside of our agency.*
- ***To Report Abuse, Harm or Neglect:*** *We are required by law to report any cases of suspected abuse or neglect of children or vulnerable adults. We are also required to share information about you to law enforcement in certain cases, for example, if you cause harm to a member of our staff, another client, or if you damage our property. We may also share your personal information in case of a threat to the public, such as a terrorist attack or natural disaster.*

HOLD-HARMLESS NOTICE & PRIVACY WAIVER

I/We, the undersigned, do hereby acknowledge that the food and other items being received from The Master's Hands, Inc, of P.O. Box 42, 1065 W Main St, Olney, IL 62450, may be salvaged food and/or items. It has been sorted and checked to the best of The Master's Hands ability of visible damage. The Master's Hands ask that I, the recipient, double check all items before eating, and all other items before using. Some of these items may have been repackaged from bulk items. All the items are given to me at no-cost. In signing, I/We am stating that The Master's Hands Inc, The Master's Hands of Richland and Jasper Counties, the board of directors, any donating non-profit corporation, corporation, company or person liable for any item that may have concealed damage, spoiled products, or defects that may result in injury or illness to any person or myself.
I hereby state that the total household income is as stated previously on this application, and that I will use the food received for the household consumption only.

I, the undersigned, authorize The Master's Hands, Inc to verify any or all the information given. Furthermore, The Master's Hands, Inc is authorized to release the above information to any and all helping agencies and/or non-profit group that may have benefits that, I the undersigned, may receive benefits from and/or be eligible for. I/We give The Master's Hands, Inc permission to take, use, publish and copyright me or members of my household name, photo, picture, portrait and likeness in advertising, news releases, and other printed material.
I hereby state that I am the Head of the Household or the legal Spouse of the Head of the Household.

Print Name:_____

Signature:_____ Date:_____

FROM 101=B=1

PET FOOD

Application for Assistance

Name:_____ Date:_____

Address:_____

County: _____Phone #:_____

(*Yes /No*) Dog(s): _____ Number:_____ Cat(s): _____ Number: _____

Reason needing Assistance_____

_____

By signing below, you are saying that understand you can only get assistance once a month when available. That the pet food may not be sold, traded, given to others, or bartered. We also have the right to turn you away for any reason we see fit. All animals you are getting assistance for must be up to date on the rabies vaccination and you must show valid proof of such up on request. Pet food will be available on the days the food pantry is open

Printed name: _____ Date:_____

Signature:_____