Client ID: _____

Yadkin Christian Ministries Client Information Form

Documente de Informacion para Clientes

For Food Assistance complete this section *(Para asistencia alimentaria complete esta seccion)*

Name: _____ County: _____
Nombre *Condado*

Total Number in Household: _____ Food Stamps (FNS): _____
Numbero Total en la Familia *Estampias da comida* ***Total $***

Monthly Household Income: _____
Ingresos mensuales totales

Effective October 1, 2024 through September 30, 2025

The Emergency Food Assistance Program

Income Eligibility Guidelines for Household Eligibility for USDA Foods

Household Gross Income Must Be Below Level of Appropriate Size Household

HOUSEHOLD SIZE	PER YEAR	PER MONTH	PER WEEK
1	$30,120	$2,510	$579
2	$40,896	$3,408	$786
3	$51,648	$4,304	$993
4	$62,400	$5,200	$1,200
5	$73,176	$6,098	$1,407
6	$83,928	$6,994	$1,614
7	$94,680	$7,890	$1,821
8	$105,456	$8,788	$2,028
EACH ADDITIONAL FAMILY MEMBER	(+$10,776)	(+$898)	(+$207)

For additional services complete this section *(Para servicios adicionales complete esta seccion)*

Street Address: _____
Direccion Postal

City: _____ State: _____ Zip: _____
Ciudad *Estado* *Codigo Postal*

Phone Number: _____
Numbero de Telefono

Client ID: _____

Names of Household Members *Nombre de Otros en la Familia*	**DOB** *Fecha de Nacimiento*	**Relationship** *La Relacion*	**Income& Source** *Sueldo & Fuentes*
Total Monthly Income			

I attest that the information on the form is correct.

It is the goal of YCM to offer all resources available to every client in an equitable, respectful manner. It is our expectation that all volunteers and clients will behave respectfully and cordially. Anyone who exhibits abusive language or behavior will be asked to leave the premises and may lose the privilege to come to YCM for assistance.

Doy fe de que la información que figura en el formulario es correcta. El objetivo de YCM es ofrecer todos los recursos disponibles para cada cliente de una manera equitativa y respetuosa. Es nuestra expectativa que todos los voluntarios y clientes se darán un comportamiento respetuoso y cordial. Cualquier persona que muestre un lenguaje o comportamiento abusivo se le pedirá que abandone las oficinas y puede perder el privilegio de venir a YCM en busca de ayuda.

Signature: _____ Date: _____

Firma/Nombre *Fecha de hoy*

Service Record

Date	**Food**	**Vendor**	**Amount**	**Volunteer**	**Client Signature**

Client ID: _____