

2021 REGISTRATION FORM



Name: _____

Address: _____

City*: _____ Zip: _____

County (Circle One): Williamson/Maury/Other _____

Home Phone: _____

Cell Phone: _____

E-mail address: _____

Ethnicity (circle one): White/Caucasian, Native American, Asian, African American, Hispanic

Marital Status (circle one): Single/Married/Living Together/Divorced/Widowed

The Well Outreach may share my name, email or phone number with 3rd parties interested in providing additional assistance to me or my family members. Check one: YES NO

List of **all** persons in the household, **including yourself** (use back if necessary): Total number in household _____

Name	Gender (M or F)	Age	Date of Birth (MM/DD/YYYY)	Relation to You

Families qualify for USDA based on **either** income **or** participation in certain government assistance programs.

If you would like to apply for USDA food distribution, please complete the method you wish to qualify with:			
Based on Self-Declared Income:	OR	Based on Government Assistance Programs**:	
Monthly Income from Employment \$ _____		Food Stamps (SNAP)	Y/N
Monthly Income from Social Security \$ _____		Families First (FF)	Y/N
Monthly Income from Child Support \$ _____		Supplemental Security Income (SSI)	Y/N
Monthly Income from Other Sources \$ _____		Low Income Home Energy Assistance (LP)	Y/N
Total Monthly Income \$ _____		Public Housing (PH)	Y/N

I completed the above information to the best of my ability and verify all information is correct. I agree to notify The Well Outreach with any changes to the above information. I have received a copy of the client policies and agree to abide by them.

Signature: _____ Date: _____

Office/Volunteer Use

Initial Visit	Y/N
Copy of Photo ID	Y/N
Resource Guide Given	Y/N
Signed Client Policies Given	Y/N
If applying for USDA based on government programs, copy of proof of participation	
Qualifies for USDA	Y/N