

## JOSHUA TREE FEEDING PROGRAM CLIENT APPLICATION

### APPLICANT INFORMATION

NAME:	LAST	FIRST	MIDDLE	COMP/CLIENT # ____-____-____
HOME ADDRESS	STREET	CITY	AZ ZIP	____ MARICOPA CTY ____ PINAL CTY
MAILING ADDRESS	STREET	CITY	AZ ZIP	
PRIMARY PHONE ____-____-____ ●	CAN WE LEAVE A MESSAGE? ____ YES ____ NO	ALTERNATE PHONE ____-____-____ ●		CAN WE LEAVE A MESSAGE? ____ YES ____ NO
EMAIL ADDRESS				CAN WE SEND EMAIL MESSAGES? ____ YES ____ NO
HOUSING STATUS	<input type="checkbox"/> HOMELESS <input type="checkbox"/> INSTITUTION <input type="checkbox"/> PERMANENTLY HOUSED <input type="checkbox"/> STAYING WITH SOMEONE <input type="checkbox"/> OTHER _____	PRIMARY LANGUAGE	<input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH <input type="checkbox"/> OTHER _____	
GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> TRANSGENDER (MALE TO FEMALE) <input type="checkbox"/> TRANSGENDER (FEMALE TO MALE)	DATE OF BIRTH	____/____/____ mm/dd/yyyy	
ETHNICITY (CHECK <u>ONE</u> ONLY)	<input type="checkbox"/> HISPANIC <input type="checkbox"/> NON-HISPANIC <input type="checkbox"/> DON'T KNOW/NO REPLY	RACE (CHECK <u>ALL</u> THAT APPLY)	<input type="checkbox"/> WHITE/CAUCASIAN <input type="checkbox"/> BLACK OR AFIRCAN AMERICAN <input type="checkbox"/> ASIAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE	<input type="checkbox"/> NATIVE HAWAIIAN OR PACIFIC ISLANDER <input type="checkbox"/> OTHER (SPECIFY _____) <input type="checkbox"/> DON'T KNOW/NO REPLY

Please initial each statement and sign below:

- \_\_\_\_\_ I will report any changes to my household income, my address, and other things that may affect my services. If I do not, I may not be eligible receive food services from Joshua Tree
- \_\_\_\_\_ At least once per year, I will provide documents to show my current home address and current household income. I am also required to inform Joshua Tree of my family size (you plus dependents.) If I fail to provide this documentation and/or information, I cannot remain in the program.
- \_\_\_\_\_ The information provided in this application is true and accurate to the best of my knowledge. Any unreported items may result in loss of eligibility.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Printed Name: \_\_\_\_\_

### CASE MANAGEMENT & HIV DIAGNOSIS INFORMATION

DO YOU HAVE AN HIV CASE MANAGER?	<input type="checkbox"/> YES <input type="checkbox"/> NO	AGENCY NAME:	CASE MANAGER:
DO YOU HAVE AN HIV OR PRIMARY CARE DOCTOR	<input type="checkbox"/> YES <input type="checkbox"/> NO	DOCTOR'S NAME:	
DATE OF HIV POSITIVE DIAGNOSIS	____/____/____	OFFICE OR CLINIC NAME WHERE YOUR DOCTOR PRACTICES:	
HAVE YOU EVER BEEN TOLD YOU HAVE AIDS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	DATE YOU WERE TOLD YOU HAVE AIDS?	MONTH & YEAR ONLY ____/____
Have you ever been diagnosed with hemophilia/coagulation disorder?		Unknown	

## ELIGIBILITY DOCUMENTS - RESIDENCY

From the list below, please provide a residency document issued within 6 months of the application date. The document must include the client's name and home address (no P.O. Boxes).

### ACCEPTABLE RESIDENCY DOCUMENTS (ATTACH A COPY TO THIS APPLICATION)

Annual award letter from government agency (Social Security, Veterans Affairs, etc.)	Any letter from a government agency (AHCCCS, DES, Food Stamps, Unemployment, etc.)
Mortgage or lease agreement	Recent IRS or AZ Tax Return
Home Owners' Association (HOA) statement	Driver's License
State-issued ID card	Immigration Identification Card
Official Mail (must include client's name and postmark.)	Other document mentioning you by name and the address where you live.
Most recent paycheck stubs	Most recent bank statement
Most recent utility bills (Electric, Water, Gas, Phone, Cable, etc.)	Most recent W-2 Form(s)
Property tax bill or tax assessment statement	Billing statements (Doctor's Office, Department Store, Cell Phone, Credit Card, etc.)
A statement from your case manager, or any other healthcare provider, that indicates they met with you at the above home address for an in-home visit.	A statement from a homeless service provider or case manager verifying homelessness; or, approval from JT Program Director. Signature: _____

## INCOME & HOUSEHOLD SIZE

Please answer all the questions below regarding your household and income.  
Check all current income sources that apply to your household.

### HOUSEHOLD INCOME SOURCE (Please check ALL that apply)

AWARD LETTER, annual (Social Security, VA, annual pension, etc.)
AWARD LETTER, monthly or weekly for 6 months or more (TANF, Unemployment, etc.)
EMPLOYED (Full or Part-time) 1 month or 4-weeks of pay-check stubs, employer statement, or bank deposit documents for last 4 weeks or previous 1 month
SELF EMPLOYED: Copy of recent IRS or AZ Tax Return or 2 months of income documentation (bank statements, copies of checks received, or copies of paid invoices)
OTHER INCOME. Please provide documentation showing income (Copy of recent IRS or AZ Tax Return, two months of bank statements, two months of checks received)
Support from relatives or friends not living with you. Attach letter from person(s) identifying relationship.
NO INCOME, I receive no monetary support from any person, organization, company, or government agency.

What is your household's monthly gross income?	\$ _____ .00	What is your household's annual gross income?	① \$ _____ .00
How many people live in your household and are supported by this income? (Include self, spouse, and/or biological/adopted children under 18.)	② _____ Person(s)	AZ State Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Other	

### JOSHUA TREE USE ONLY

ANNUAL INCOME ① \$ _____ .00	DIVIDED BY FPL ③ \$ _____ .00	EQUALS % OF FPL _____ %
HOUSEHOLD SIZE ②	100% FPL ③	HOUSEHOLD SIZE ②
1	\$11,670	6
2	\$15,730	7
3	\$19,790	8
4	\$23,850	FOR EACH ADDITIONAL PERSON
5	\$27,910	ADD \$4,060

Approved by: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_