

SHIPPENSBURG PRODUCE AND OUTREACH NEEDS ASSESSMENT

Name: _____

Date: ___/___/___

Last

First

Address: _____

Phone #: _____

Double

City: Shippensburg Orrstown Newburg State: PA

Zip: 17257 17244 17240

County: Cumberland Franklin

No Pork

No. in Household: _____

School District: _____ SASD

No Beef

| Name | Relationship | Date of Birth | Age | Disabled | Veteran | Race |
|----------|--------------|---------------|-------|----------|---------|-------|
| 1. _____ | SELF | ___/___/___ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | ___/___/___ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | ___/___/___ | _____ | _____ | _____ | _____ |
| 4. _____ | _____ | ___/___/___ | _____ | _____ | _____ | _____ |
| 5. _____ | _____ | ___/___/___ | _____ | _____ | _____ | _____ |
| 6. _____ | _____ | ___/___/___ | _____ | _____ | _____ | _____ |
| 7. _____ | _____ | ___/___/___ | _____ | _____ | _____ | _____ |
| 8. _____ | _____ | ___/___/___ | _____ | _____ | _____ | _____ |

White= W
 African American= AA
 Hispanic= H
 Asian=A
 Native American= NA
 Other= O
 Disabled/Veteran= Yes or No

GROSS INCOME

Who: _____

Who: _____

Total Earned Income: \$ _____

Amount \$: _____ per MONTH

Amount \$ _____ per MONTH

| UNEARNED INCOME | MONTHLY | Need Information about Services: Y / N | Additional Expenses: |
|------------------------------|----------|--|---------------------------------|
| TANF | \$ _____ | TANF(Cash Assistance) _____ | Medical expenses _____ |
| Social Security Retirement | \$ _____ | SNAP(Food Stamps) _____ | Large Unexpected expenses _____ |
| Social Security Disability | \$ _____ | Medical Assistance _____ | |
| Supplemental Security Income | \$ _____ | WIC(Women,Infants, Children) _____ | |
| Pension | \$ _____ | LIHEAP(Energy Assistance) _____ | |
| Child Support | \$ _____ | Child Care _____ | |
| SNAP (Food Stamps) | \$ _____ | Case Management _____ | |
| Unemployment Compensation | \$ _____ | | |

 Recipient Signature

 Agency Representative Signature