

SHIPPENSBURG PRODUCE AND OUTREACH REGISTRATION

DATE APPLIED
 ____ / ____ / ____

SPO REGISTRATION Form:
 As of June 2024: Page 1 of 2



PRINT: Last Name: _____ First Name: _____

Address: _____ Phone: _____ - _____

Lives in Shippensburg, Pa. 17257: Circle YES / NO Check the County: _____ Franklin _____ Cumberland

If NOT Shippensburg, Where? _____ ZIP _____

GROSS EMPLOYMENT	INCOME	MONTHLY	OTHER INCOME	MONTHLY	OTHER INCOME	MONTHLY
Who _____	Amount	\$ _____	Pension	\$ _____	Social Security Disability	\$ _____
Who _____	Amount	\$ _____	TANF	\$ _____	Social Security Retirement	\$ _____
Who _____	Amount	\$ _____	SNAP (Food Stamps)	\$ _____	Unemployment Compensation	\$ _____
TOTAL EMPLOYMENT INCOME \$ _____			Child Support	\$ _____	TOTAL OTHER INCOME \$ _____	

NAME OF HOUSEHOLD MEMBERS	GENDER	AGE	DISABLED? <i>Y for YES</i>	VETERAN? <i>Y for YES</i>	RACE	Use Codes Below in Race Column
1. SELF: _____	_____	_____	_____	_____	_____	A Asian
2. _____	_____	_____	_____	_____	_____	B Black
3. _____	_____	_____	_____	_____	_____	H Hispanic
4. _____	_____	_____	_____	_____	_____	NA Native American
5. _____	_____	_____	_____	_____	_____	O Other
6. _____	_____	_____	_____	_____	_____	W White
7. _____	_____	_____	_____	_____	_____	D Decline to Answer
8. _____	_____	_____	_____	_____	_____	
9. _____	_____	_____	_____	_____	_____	

NUMBER IN HOUSEHOLD

CIRCLE D
for Double if Number is 6 or More
D

Include additional members on the reverse side

X _____
Recipient Signature

SPO Representative Signature

SPO IS AN EQUAL OPPORTUNITY PROVIDER

CHECK THE PROTEINS
Client may not eat the following

_____ Eats NO Pork
 _____ Eats NO Beef
 _____ Eats NO Meat

THESE OUTREACH PROGRAMS ARE ALSO AVAILABLE. Ask for referrals to additional services and organizations.

The SPO Diaper Bank distributes diapers and accepts registration forms on the 1st Tuesday of each month from inside SPO’s warehouse along Garfield Street. Proof of children’s age is required. *Recipient IS REQUIRED to also be a SPO food client.* Interested? Y / N

The PA/USDA Senior Box Program provides food once a month to qualifying Seniors age 60 plus. SPO distributes PA Senior Boxes on the 3rd and 4th Tuesday of each month during operation hours. SPO cannot deliver. SPO can help with completing the forms and submit them for State approval. Proof of age, address, and income is required for registration. *Recipient IS NOT REQUIRED to be a SPO client.* Interested? Y / N

DISCLOSURE OF PERSONAL INFORMATION: All communications, either written or verbal, remain confidential even after you end services with us. Your information will not be discussed with anyone outside of Shippensburg Produce and Outreach (SPO) and affiliated agencies without your written consent except for the following circumstances:

- 1) you intend to harm yourself.
- 2) you intend to commit a violent act.
- 3) disclosure of suspected child abuse: According to Pennsylvania law, program volunteers are mandated reporters of child abuse. In situations involving suspected child abuse, a report must be made to Childline, the statewide child abuse reporting system.

I understand the above circumstances for disclosure. Signature **X** _____ Date: ____/____/____

Continued from front side

	NAME OF HOUSEHOLD MEMBERS	GENDER	AGE	DISABLED? <i>Y for YES</i>	VETERAN? <i>Y for YES</i>	RACE	Use Codes Below in Race Column
10.	_____	_____	_____	_____	_____	_____	A <i>Asian</i>
11.	_____	_____	_____	_____	_____	_____	B <i>Black</i>
12.	_____	_____	_____	_____	_____	_____	H <i>Hispanic</i>
13.	_____	_____	_____	_____	_____	_____	NA <i>Native American</i>
14.	_____	_____	_____	_____	_____	_____	O <i>Other</i>
15.	_____	_____	_____	_____	_____	_____	W <i>White</i>
							D <i>Decline to Answer</i>