

## Patron Registration Form

Welcome to Ministries Unlimited! In order to better help you and your family we ask that you take a few minutes to complete this short form. Your response IN NO WAY will affect your receiving food today or in the future. We ask these questions as a way to get to know you and to understand how we can better meet the needs of our community. If you have any questions or concerns, please do not hesitate to ask any staff member or volunteer. Thank you and have a great day!

Name: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Male/Female

Address: \_\_\_\_\_

**Please list the names, birthdates and genders of all the people living in your household:**

Full Name:	Date of Birth:	Gender

1. What is your household's total monthly income? (Include income from all members of the household and all types of income: wages, social security, disability, etc.: \$\_\_\_\_\_ per month.

2. Within the past 12 months have you worried that your food would run out before you got money to buy more?  Yes  No

3. Within the past 12 months did the food that you bought just not last and you didn't have money to get more?  Yes  No

4. If you have ever applied for Food Stamps or WIC, are you currently receiving benefits?  Yes  No

5. Are you a Military Veteran or active Military?  Yes  No

6. Do you currently have health coverage?  Yes  No  
If Yes:  Whole Family  Myself  Kids Only  Spouse Only  
Type of insurance:  Private Insurance  Medicare/Medicaid  Veteran's Benefit

By my signature below, I certify that all the information listed on this form is true and correct.

Signature: \_\_\_\_\_

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