

**CLOVER AREA ASSISTANCE CENTER
APPLICATION AND UPDATE FORM**

•Please **PRINT** Clearly••••Do **Not** Write In Shaded Areas•

Date: _____

Client #: _____

First Name MI Last Name Suffix

_____/____/____
Maiden Name (if applicable) D.O.B (mm/dd/yyyy) Social Security Number

Street Address Apt/Lot City State Zip

Mailing Address (If Different From Above)

Clover School District GIS Verified Yes No Notes: _____

(_____) _____ - _____ (circle one) Home Cell Other _____
Phone Number

(_____) _____ - _____ (circle one) Home Cell Other _____
Phone Number

(_____) _____ - _____ (circle one) Home Cell Other _____
Phone Number

Type of Photo ID State Number Expiration None Provided

Proof of Residency 1: Current ID Yes No Proof of Residency 2: Document Type _____

Notes: _____

Ethnicity: Asian Black Hispanic Multiracial Native American Pacific Islander White

Marital Status: Single Married Separated Divorced Widow(er) Live With Partner

Gender: Male Female Insurance: Medicare Medicaid Health Insurance No Insurance

You may select up to two people who you authorize to pick-up food for you, on your behalf. They will be asked to provide a photo ID for themselves whenever picking-up food for you:

Authorized Representative #1 Authorized Representative #2

MORE INFORMATION TO COMPLETE ON THE BACK OF THIS PAGE

INCOME SOURCES: YOU WILL BE ASKED TO PROVIDE CURRENT DOCUMENTATION

Enter **gross** (BEFORE taxes) amounts only.

Employment Amount: _____ (circle one) Weekly Bi-Weekly Monthly Quarterly D: _____

Unemployment Amount: _____ (circle one) Weekly Bi-Weekly Monthly Quarterly D: _____

Disability Amount: _____ (circle one) Weekly Bi-Weekly Monthly Quarterly D: _____

Social Security Amount: _____ (circle one) Weekly Bi-Weekly Monthly Quarterly D: _____

Child Support Amount: _____ (circle one) Weekly Bi-Weekly Monthly Quarterly D: _____

Pension Amount: _____ (circle one) Weekly Bi-Weekly Monthly Quarterly D: _____

Other Benefits (mark all that apply with amount): Food Stamps _____ SSI _____ AFDC _____ WIC _____

D_{Em} _____ D_{Un} _____ D_{Dis} _____ D_{SS} _____ D_{CS} _____

D_{Pen} _____ D_{FS} _____ D_{SSI} _____ D_{AFDC} _____ DW
IncVer _____ D_{SSRep} _____

By completing and signing this form, I am authorizing Clover Area Assistance Center (CAAC) to share eligibility information, basic identifying information (such as name, address, date of birth, household members), and non-confidential service transactions/information about myself and my household with other organizations to whom I have requested assistance. Furthermore, I am authorizing CAAC to share this same information with other organizations that CAAC may refer me for assistance. This Authorization will remain in effect unless I request its termination.

Signature: _____ Date: _____

I attest that all information I have submitted regarding my household, finances, benefits, and insurance coverage is true. I am aware that providing inaccurate information may result in my suspension or termination of assistance from CAAC.

Signature: _____ Date: _____

For Staff Use Only Date/Init _____ Date/Init _____ Date/Init _____

ROI Completed: Yes No Update Complete: Yes No Update Checklist Provided: Yes No

Update Wallet Card Provided: Yes No Database Notes Entered: Yes No Emergency Food: Yes No

Account Locked: True False Notes: _____

HOUSEHOLD MEMBERS

TOTAL NUMBER OF PEOPLE IN HOUSEHOLD – DO NOT INCLUDE YOURSELF: _____
 Complete the charts below for all people in your household, even those who are not related to you.

Complete this chart for everyone 18 years of age or older

First Name	Last Name	D.O.B.	SSN	Photo ID Type	ID State	ID Number	Ethnicity	Gender	Marital Status	Insurance	Relationship

Complete this chart for everyone under the age of 18

First Name	MI	Last Name	D.O.B.	SSN	Ethnicity	Gender	Insurance	Relationship

Household Member Gross (before taxes) Income

Name of Person →					Staff Use Only
Employment					
Unemployment					
Social Security					
Disability					
Child Support					
Pension					
Staff Use Only					
Income Verification Form					