



Clover Area Assistance Center Client Application & Update Form

Date: _____

Client #: _____

First Name MI Last Name Suffix

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

Street Address Apt # City State Zip

Mailing Address (If Different From Above)

Phone Number(s):

(_____) _____ - _____ Home Cell Other _____

(_____) _____ - _____ Home Cell Other _____

Email address: _____

Type of Photo ID State Number Expiration

Ethnicity: Asian Black Hispanic Multiracial Native American Pacific Islander White

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

Gender: Male Female Other Prefer not to answer

Insurance: Medicare Medicaid Health Insurance No Insurance

Education: No High School High School- Incomplete High School/GED Completed College

Veteran: Yes No Prefer not to answer

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

INCOME SOURCES

Enter gross (BEFORE taxes) amounts only.

Employment Amount: _____ Weekly Bi-Weekly Monthly Quarterly

Unemployment Amount: _____ Weekly Bi-Weekly Monthly Quarterly

Disability Amount: _____ Weekly Bi-Weekly Monthly Quarterly

Social Security Amount: _____ Weekly Bi-Weekly Monthly Quarterly

Child Support Amount: _____ Weekly Bi-Weekly Monthly Quarterly

Pension Amount: _____ Weekly Bi-Weekly Monthly Quarterly

Benefits (include amount): SNAP (Food Stamps) _____ SSI _____ TANF _____ WIC _____

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:

Staff Initials: _____

Clover School District Verified Yes No

ROI Completed: Yes No

Proof of Residency 1: Current ID Yes No

Proof of Residency 2: Document Type _____

Database Notes Entered: Yes No

Notes: _____

HOUSEHOLD MEMBERS

Please complete the chart below for all people in your household, even those who are not related to you.

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

Household Member Gross Income (before taxes)

Name of Person →				
Employment				
Unemployment				
Social Security				
Disability				
Child Support				
Pension				