



Filled out by HTI Staff

Client ID #:

Notes:

Community Hope Center

12 Month Client Application

Please Print Clearly

Female Male **First name:** _____ **Last name:** _____

Marital Status: Single Married Separated Divorced Widowed

Street Address: _____ **County:** _____

City, State: _____ **Zip Code:** _____

Date of Birth: _____ **Telephone (cell) #:** _____

E-mail: _____ **Race:** _____

How did you find out about this program? _____

If referred, please name specific agency, organization, church, etc.

Other individuals living in your home:

First Name	Last Name	Sex (M or F)	Date of Birth	Relation to You	Income Per Month

Total number of individuals living in your home: _____

Program Qualification

Your eligibility to receive assistance from Harvest Time International's Community Hope Center is based on your income and your situation.

Yearly Household Income

- Below \$10,000
- \$10,000 to \$14,999
- \$15,000 to \$19,999
- \$20,000 to \$29,000
- \$30,000 or more
- Total yearly income \$ _____

Your Situation

- Unemployed (since) _____
- Work hours / pay cut back
- Homeless / living with friends
- Single parent
- Student
- Fixed income
- High medical expenses / sickness
- Problems paying bills
- In debt
- Taking care of outside family member(s)
- Other: _____

Assistance

	Receiving	Applied for
Food Stamps	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid	<input type="checkbox"/>	<input type="checkbox"/>
Medicare	<input type="checkbox"/>	<input type="checkbox"/>
Health insurance for children	<input type="checkbox"/>	<input type="checkbox"/>
Supplimental Service	<input type="checkbox"/>	<input type="checkbox"/>
Income (SSI/Social)	<input type="checkbox"/>	<input type="checkbox"/>
Live in public / low income housing	<input type="checkbox"/>	<input type="checkbox"/>
Free Lunch Program	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>

**Harvest Time International
Accepts
Food Stamps**

Legal Disclaimer:

Harvest Time International, Inc. is not responsible for the safety of any individual who enters into our buildings. If for any reason you are injured while on our property, you henceforth waive the rights to press any charges against Harvest Time International, Inc. I understand that I am entering this facility at my own risk. This is a binding agreement that will hold forth in the court of law. I signify by the signing of this paper that I agree to all terms as specified and that all of the information provided is true to the best of my knowledge. I also understand that Harvest Time International, Inc. is not responsible for the safety or condition of the product provided once it leaves the facilities. All items received through this program are on an "as is" basis; there is no return policy. Therefore, once I have removed any items from the facilities, they cannot be returned. These products are for the sole purpose of helping those in need based upon their qualifications of this program and are not to be resold, bartered or traded for any reason. In addition, Harvest Time International, Inc. has permission to utilize any photographs or videos taken of me or minors named on this application for publicity, recruitment or training purposes without compensation paid to me.

I have read and agree to the above terms and conditions.

Signature: _____

Date: _____