



Client Application – All information is Strictly Confidential

Today's Date: _____

Have you previously received services from Yad Ezra? ___yes ___no

Client: last name first middle initial last 4 social security # date of birth Gender Military: Which Country?

Spouse: last name first middle initial last 4 social security # date of birth Gender Military: Which Country?

Address: number and street apt. number Primary telephone (h) (c) Secondary telephone (h) (c)

City / State / Zip passport/driver's license/other ID # email address

Emergency Contact name and phone number _____

Additional Dependents in household:	FULL NAME	Last 4 Social Security numbers	Date of Birth	Gender	Military: Which Country
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Fill in information below:

A.

Monthly income	Gross – Amount (before deductions)
Wages	
Social security	
SSI	
SSD (disability)	
Unemployment	
Other:	

B. Do you receive service from any of the following?

- Bridge Card / SNAP ___ yes ___ no ___ amount
- WIC ___ yes ___ no ___ amount
- Jewish Family Service ___ yes ___ no
- JVS ___ yes ___ no
- Easter Seals ___ yes ___ no
- Jewish Senior Life ___ yes ___ no
- Hebrew Free Loan ___ yes ___ no
- Medicare ___ yes ___ no
- Medicaid ___ yes ___ no
- Private Health Insurance ___ yes ___ no
- Holocaust Survivor(s) ___ yes ___ no
- Other _____

Religion: _____ Citizenship: _____

Country of Origin _____

Eligibility for groceries from Yad Ezra is based on household income being within 250% of the National Poverty Guidelines as listed on our website: <https://www.yadezra.org/services/income-guidelines>.

Client's Signature indicates that all information on this form is true to the best of the client's knowledge.

Client Signature: _____ Date: _____

Referred from: _____ Comments/Other/Emergency situation: _____

For Office Use: Worker signature: _____	One time only? _____ <input type="checkbox"/> Yes
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