



South County Outreach- January 2022

Application Date: _____

Applicant Name: _____

First

MI

Last

Address: _____

Street

City

State

Zip Code

Head of Household: Male Female Phone Number _____

Homeless: Yes No How Long _____? Name of City Prior to being Homeless _____

Formerly Homeless Yes No

Is anyone in this household employed? Yes No Email _____

Is anyone in this household receiving Unemployment Yes No

Is anyone in this household receiving Cal Fresh Benefits (food stamps) Yes No

Is anyone in this household receiving Disability Benefits Yes No

***** List all Household Members below - including yourself:**

Name		Relationship to head of household		Date of Birth
Monthly Gross Income for this household member:	\$ _____	Source(s) of income: _____		City of Employment _____
Check all that apply: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled				
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic				
Race: <input type="checkbox"/> White /Caucasian <input type="checkbox"/> Black <input type="checkbox"/> Black and White		<input type="checkbox"/> Asian <input type="checkbox"/> Asian and White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> American Indian/Alaska Native and White		<input type="checkbox"/> American Indian/Alaska Native & Black <input type="checkbox"/> Native Hawaiian/ Pacific Islander <input type="checkbox"/> Other

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Continue on back

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Assistance Commitment & Release (Please read and sign) I release South County Outreach (SCO), and its employees, volunteers and agents, of all liabilities and claims whatsoever, arising out of information about me and other members of my household including our names, social security numbers, and types of assistance provided, to any other social service agency. I also authorize the release of any additional information to other community agencies, churches, and organizations that might be required in order to provide services to my household and me. I authorize South County Outreach to take whatever steps are necessary to verify all information contained in this form. I agree to fully cooperate and be completely honest with South County Outreach personnel and, if necessary, provide the information required to verify this data. I certify that the information provided is correct to the best of my knowledge and I agree to all of the terms and conditions contained herein.

SIGNATURE _____ DATE _____

***** FOR OFFICE USE *****

R.R.E. Yes No Declined

Monthly Gross Income for all household members:

TOTAL Monthly Income \$ _____ x 12 pay periods = _____ Gross Annual Income
 No financial resources (*Mandatory Self Declaration*) *HUD Income Limits April 2021*

Household Size	Extremely-Low Income Equal to or Less Than 30% of Area Median	Very Low Income 31% to 50% of Area Median Income	Low Income 51% to 80% of Area Median Income
1	\$28,500	\$47,450	\$75,900
2	\$32,550	\$54,200	\$86,750
3	\$36,600	\$61,000	\$97,600
4	\$40,650	\$67,750	\$108,400
5	\$43,950	\$73,200	\$117,100
6	\$47,200	\$78,600	\$125,750
7	\$50,450	\$84,050	\$134,450
8	\$53,700	\$89,450	\$143,100

Based on 2022 Median Family Income for the Orange Metropolitan Area as of 4/18/2022

South County Outreach does not discriminate when providing services or in hiring practices. We prohibit all discrimination against any client, employee or applicant for employment on the basis of race, color, national origin, ancestry, sex, age, religion, creed, physical or mental disability, legally protected medical condition, marital status, sexual orientation, military service status, gender, gender identity, or other characteristic protected by state of federal law or local ordinance.

South County Outreach warmly welcomes you to the Food Pantry and hopes that your experience with us is positive. Our volunteers and staff are here to assist you with shopping for food and connecting you and your family with resources.

Please take a moment to review the guidelines and sign and date at the bottom of this page. This document will be kept in your client file. If you would like a copy to take with you, ask a client Care Worker and they will provide you with a copy for your records.

Hours of Operation: The Food Pantry is open MONDAY THROUGH THURSDAY FROM 9:00 AM - 2:00 PM and FRIDAY FROM 9:00 AM TO 11:00 AM. South County reserves the right to close the pantry during inclement weather, for emergencies, holidays or without notice.

Applications and Documentation: You will be asked to show identification at EACH visit. Twice a year you will be asked to re-verify your documents and complete new applications. With each renewal or new application please have available some type of CURRENT photo identification (license, passport, etc.) and proof of residence (a bill with your name on it) and proof of income. All information is confidential.

Visits: Participants may pick up food ONCE A MONTH and will receive food to feed themselves and/or their family for ONE WEEK. Client Care Workers can provide you with a copy of additional food resources in the area if needed.

Wait Time: Staff and volunteers make every effort to assist participants in a timely manner. During the holidays and peak seasons of the year wait times maybe longer.

Food Availability: The majority of the food in the pantry is donated through community food drives and participating grocery stores. WE CANNOT GUARANTEE THAT ANY ONE TYPE OF FOOD WILL BE AVAILABLE DURING YOUR VISIT. Nor are we able to guarantee that you can swap out one type of food for another item.

Zero Tolerance Policy: South County Outreach has implemented a Zero Tolerance for Workplace Violence policy and reserves the right to refuse service or discontinue service to any and all participants who are found to be disruptive and/or display verbal or physical abuse towards any staff, volunteer or other participants, while on site. At no time are any food pantry participants allowed to bring alcohol, drugs or weapons of any kind onto South County Outreach property. South County Outreach reserves the right to refuse service to anyone.

I acknowledge that I have read and agree to adhere to the guidelines set forth in this document.

Print Name _____ Date _____

Signature _____

South County Outreach • 7 Whatney, Ste. B • Irvine, CA 92618

949-380-8144 • www.sco-oc.org • tax ID 33-0330233

