



Mercado Food Hub Application

NOTICE TO ALL OF OUR CLIENTS:

Return Applications/Regrese la aplicacion
To the FREC Main Office/a la oficina de FREC
Friday/Viernes 12/5pm



**You must reside in one of the following zip codes:
48209, 48210, and 48216**

Required Documents:

- **Identification**
- **Verification of Income**
- **Individuals listed on application will be subject to verification**

Other Resources:

- Receive emergency food assistance, call 211. If you are unable to reach Michigan 211 by dialing directly, call the statewide toll-free number: 1-844-875-9211.
 - Locate Michigan statewide food providers, visit www.fbcmich.org.
 - Locate a pantry in your area, visit www.pantrynet.org.
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Income Source: Please check all that apply

- Unemployment
- WIC
- Medicaid/Healthy Kids/MI Child (Letter)
- DHS Letter
- HUD/Section 8
- Social Security
- SSI
- SSD (Disability)
- SNAP (**Do you have an active Bridge Card account**)

For Office Use Only

Intake date: _____

By: _____

Document verification: Yes No

Other: _____

Estimated annual income: _____

Appointment Date: _____

NOTES:

Listing of Persons in household/Lista de personas en su casa:

Name (First & Last) Nombre (Primer & Apellido)	Relationship Relación	DOB (Date of Birth) Fecha de Nacimiento
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

CLIENT NAME: _____

Mercado Food Hub Release

I release, waive, discharge and covenant not to sue The Mercado Food Hub, its partnered agencies, its administrators, directors, managers, affiliates, organizers, participants, volunteers, and the owners or leasers of premises used to conduct services, all of which are hereinafter referred to as “releases”, from any and all liability to me, my heirs, and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in partly the negligence of the releases otherwise.

SIGNATURE:

DATE: _____

USDA Disclaimer

I understand that as a client of the Mercado Food Hub, I must sign the USDA form during each appointment in order to receive food. By signing the form, I am declaring that I meet one or more of the following descriptions:

1. In need of emergency food OR
2. A participant in an income based program such as WIC, CSFP, cash assistance (FIP) or food stamps (FAP) OR
3. In a household where the income falls at or below the posted federal poverty guidelines (see table on official USDA form with intake person).

SIGNATURE:

DATE: _____

NOMBRE DE CLIENTE: _____

Liberación de Mercado Food Hub

Yo libero, renuncio, descargo y convenio de no demandar El Mercado Food Hub, sus agencias colaboradoras, administradores, directores, afiliados, organizadores, participantes, voluntarios, y los propietarios o los arrendatarios de los locales utilizados para llevar a cabo los servicios, todos los cuales se denominarán "comunicados", de cualquier y toda responsabilidad para mí, mis herederos y familiares de cualquiera y todas las reclamaciones, demandas, pérdidas o daños a cuenta de lesiones, incluyendo la muerte o daños a la propiedad, causados o supuestamente causados en su totalidad o en parte la negligencia de los comunicados o de otro modo.

FIRMA: _____ **FECHA:** _____

USDA Descargo de Responsabilidad

Yo entiendo que como un cliente del Mercado Food Hub, tengo que firmar la forma de USDA durante cada cita para recibir alimentos. Firmando esta forma, yo declaro que soy uno o más de las siguientes descripciones:

1. En necesidad de alimentos de emergencia O
2. Un participante en un programa basado en los ingresos como WIC, CSFP, asistencia en efectivo (FIP) o estampillas de alimentos (FAP) O
3. En un hogar donde el ingreso está en o por debajo del nivel de pobreza federal fijado. (ver tabla en formulario oficial del USDA con la persona de admisión).

FIRMA: _____ **FECHA:** _____