FOOD ASSISTANCE SCREENING TOOL

NOTE: COMPLETING THIS FORM DOES NOT GUARANTEE PAYMENT OF ANY BENEFITS

1) Are you 60 years old or older OR do you receive SSI or Social Security Disability? YES ☐ NO ☑

(Please fill in the amounts below based on last month's totals)

2) Total Earned Income (before taxes): 2. $0.00

3) Total Unearned Income (before taxes): 3. $0.00

4) What is the total number of people who live in your household: 4. 1

5) Add the following ongoing monthly medical expenses:
Health Insurance Premium, Prescription Costs and Doctor/Hospital Bills: 5. 0.00

6) Dependent Care Cost (i.e. babysitter for work) (actual verifiable expense): 6. $0.00

7) Court-Ordered Child Support Cost: 7. $0.00

8) Add the following monthly shelter costs:
Rent or Mortgage, Property Taxes and Homeowner's Insurance 8. $0.00

9) If you pay a heating/cooling bill enter $588 otherwise add the following monthly utility costs: Water, Sewer, Trash, Phone, Gas and Electrical: 9. $0.00

POSSIBLE MONTHLY BENEFIT AMOUNT: $200.00