Pea Pod Nutrition and Lactation Support, Inc.
A 501 (c)3 Non-Profit Organization
Application for Pea Pod Assistance Program (PPAP)

The information requested on this form is necessary to determine whether or not you, your child or your family are eligible for the programs under the Pea Pod Assistance Program (PPAP). If you cannot understand or complete any portion of this application due to a disability or difficulty reading, writing or understanding English, please contact the staff at Pea Pod Nutrition and Lactation Support, Inc. for assistance in filling out this application.

Applicant's Name:
First_____ Middle:_____ Last:_____Suffix:_____

Home Address:
Street:_____ Apartment #_____

City:_____ State: _____ Zip code:_____ County:_____

Mailing Address: (Is the same as above write "same")
Street:_____ Apartment #_____

City:_____ State: _____ Zip code:_____ County:_____

Phone Number: (_____)_____

Do you live in public housing? ☐ Yes ☐ No

Applicant's Age:_____

What is your primary language: ☐ English ☐ Spanish ☐ Other_____

Are you visually/hearing impaired and need special assistance with the application process? ☐ Yes ☐ No
If yes, check one: ☐ Visually Impaired ☐ Hearing Impaired

Number of people living in the home (including children):_____

Total amount of income you or anyone living in the home earns a month from **working**: $_____

Total amount of income you or anyone living in your home receives, monthly, from other sources such as Social Security, SSI, Disability, Unemployment Compensation, Child Support, etc. Please specify_____

_____

_____

Total amount you and/or your household members pay for rent, mortgage and utilizes each month:$_____

_____

Total amount you and/or your household members pay for childcare each month:$_____

Are you currently attending High School? ☐ Yes ☐ No
Do you have a High School Diploma or G.E.D.? ☐ Yes ☐ No
Are you currently attending a college? ☐ Yes ☐ No
Did you graduate from a college or university? ☐ Yes ☐ No
Do you have a graduate degree (Masters or Doctorate)? ☐ Yes ☐ No

Do you currently receive benefits from one or more of the following programs? ☐ Yes ☐ No
If Yes, please check which programs you currently receive benefits from:

TANF	Medicaid	SNAP/Food Stamps	HEAP	SSI	School Lunch Benefits
☐	☐	☐	☐	☐	☐

Do any of the following circumstances currently apply to you (check all that apply):

☐ Pregnant
☐ Victim Of Domestic Violence
☐ Need To Establish Paternity
☐ Need Child Support
☐ Drug/Alcohol Problem
☐ Utility Shutoff
☐ No Place To Stay/Homeless
☐ Unemployed
☐ Serious Medical Problem
☐ Recently Lost Income
☐ Pending Eviction
☐ No Food
☐ Need Child Care

If you are currently pregnant do you plan to breastfeed your child? ☐ Yes ☐ No ☐ Unsure
If yes, how long do you plan on breastfeeding (without the use of <u>any</u> formula):
☐ 3 Months or Less ☐ 6 Months ☐ At Least 1 Year ☐ At Least 2 Years

Do you plan on returning to work (outside the home) or school after your baby is born? ☐ Yes ☐ No

If yes, how many hours a week do you plan on working or attending school a week?

Beginning with yourself, list all persons living at your address.

Name (First, Middle, Last, Suffix)	Relationship to Applicant	Date of Birth	Sex	Ethnicity (check all that apply)	Social Security Number	Pregnant? If yes, give due date
	Self			☐ Hispanic/Latino ☐ Black or African American ☐ White ☐ Asian ☐ American Indian/Alaska Native ☐ Pacific Islander or Native Hawaiian		
				☐ Hispanic/Latino ☐ Black or African American ☐ White ☐ Asian ☐ American Indian/Alaska Native ☐ Pacific Islander or Native Hawaiian		
				☐ Hispanic/Latino ☐ Black or African American ☐ White ☐ Asian ☐ American Indian/Alaska Native ☐ Pacific Islander or Native Hawaiian		
				☐ Hispanic/Latino ☐ Black or African American ☐ White ☐ Asian ☐ American Indian/Alaska Native ☐ Pacific Islander or Native Hawaiian		
				☐ Hispanic/Latino ☐ Black or African American ☐ White ☐ Asian ☐ American Indian/Alaska Native ☐ Pacific Islander or Native Hawaiian		
				☐ Hispanic/Latino ☐ Black or African American ☐ White ☐ Asian ☐ American Indian/Alaska Native ☐ Pacific Islander or Native Hawaiian		

Is anyone in your household fleeing to avoid prosecution, custody or confinement after conviction, under the law? ☐Yes ☐ No If yes, who?_____

Is anyone in your household in violation of his/her parole/probation? ☐Yes ☐ No
If yes, who?_____

Has anyone in your household been found guilty of a felony related to a controlled substance (drugs)?
☐ Yes ☐ No If yes, who?_____

Has anyone in your household been found guilty of a serious violent felony? ☐ Yes ☐ No
If yes, who?_____ What type of felony?_____

I have read the parts of this form that apply to me and my household. All the information which I have provided is true and complete as far as I know. The answers I have given in my interview are true. I am willing to cooperate with any efforts to verify the information provided including household composition, income and citizenship status. I understand I must report changes to Pea Pod Nutrition and Lactation Support, Inc. within 10 days of the occurrence or risk losing any and all benefits under the Pea Pod Assistance Program.

_____ _____
Signature Date

_____ _____
Printed Name Date

_____ _____
Pea Pod Assistance Program Director or Case Manager Date

Submit