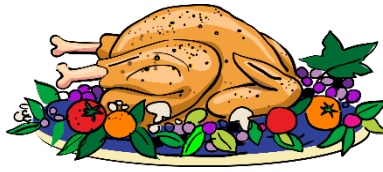


December Holiday Basket



The December Holiday Basket is available to Low-Income households in both Inyo and Mono Counties.

In order to apply for a Holiday Basket, please complete the "Client Intake Form" on the reverse of this page. Please fill out the form completely. Client Intake Forms with missing information will not be eligible for a holiday basket. Please do not include visitors for the holidays, list household members only. Basket quantities are limited and approval is subject to eligibility based on income, vulnerable population and federal income guidelines. Holiday Baskets are not guaranteed. Please see below for delivery-date and time. Don't forget to sign and date pages one and two!

You must retrieve your basket by the posted time below. WE WILL NOT WAIT FOR LATECOMERS! If you fail to show up at the posted time below, your basket will be forfeited. Please make the necessary arrangements for pick-up by a household member listed on the application (Home Health Workers are welcome as an alternate).

PICK-UP DATE, LOCATION & TIME:

Applications must be received by:
Wednesday November 22, 2017
by 4:00PM
REGARDLESS OF POSTMARK

Mail complete application to:
IMACA
137 East South Street
Bishop, CA 93514

If your application is approved,
you will be contacted on or before:
December 15, 2017 by 4:00PM

Deliveries will take place at each locations regular Commodities distribution site. For site address please visit www.imaca.net and click on Food Programs or call (760) 873-8557. Distribution will be done by IMACA personnel.

Thursday December 14, 2017	
Darwin	8:00AM
Tecopa	1:00PM
Monday December 18, 2017	
Walker	10:00AM
Bridgeport	11:30AM
Lee Vining	1:00PM
June Lake	2:00PM
Mammoth Lakes	3:00PM
Tuesday December 19, 2017	
Cartago	8:00AM
Lone Pine	9:30AM
Independence	10:30AM
Big Pine	12:00PM
Benton	1:30PM
Wednesday December 20, 2017	
Bishop Home Deliveries	9:00AM
Bishop	1:00PM

I certify that I have read and understand the above notification and that there is no guarantee that my household will receive a basket. If no household member is able to pickup my basket on the date and time indicated my basket will be forfeited.

PLEASE CIRCLE YOUR
LOCATION ABOVE ^

Applicant Signature

Date

Client Intake Form
IMACA CSBG (Rev. 1/14) Shaded Areas for Official Use Only

Service Codes			
Priority Points			

Agency Location:	Intake Staff:	Intake Date:
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First Name	Middle Initial	Last Name	Sex	Age	Date Of Birth (mm/dd/yyyy)
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Street Address	Unit #	City	County	State CA	Zip Code
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Mailing Address (if different than above)	City	County	State	Zip Code
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Telephone Number ()	Alternate Telephone Number ()	NO MESSAGE PHONES!	Total number of persons living in household including yourself.
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Household Member Information: Include yourself

Name of Household Member	Sex	Date of Birth (mm/dd/yyyy)	Age	Relationship To Applicant	Race/Ethnicity: Black not Hispanic, White not Hispanic, Hispanic or Latino, Asian, Hawaiian or Pacific Islander, Native American or Alaskan, Other, Multi-Race	Education: 0-8 Grade, 9-12, HS Graduate or GED, 12+ some secondary or College Degree	Other Characteristics: Disabled, Have Health Insurance, Farmer, Migrant or Seasonal Farm Worker, Veteran
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1				SELF			
2							
3							
4							
5							
6							
7							

Household Information

Household Income Sources

Housing (check all that apply to your household)

- A. Own
- B. Rent
- C. Homeless
- D. Subsidized or Public Housing
- E. Mobile Home
- F. Apartment/Duplex
- G. Single Family Home
- H. All Electric Home

Family Type (check one)

- A. Single Parent/Female
- B. Single Parent/Male
- C. Two Parent Household
- D. Single Person
- E. Two Adults/no Children
- F. Other
- G. Teen Parents (under 20)
- H. Single Teen Parent (under 20)

I am Interested in More Information About:

- A. Food Assistance
- B. Energy Assistance
- C. Weatherization
- D. Youth or Adult Conservation Corps
- E. Holiday Food Baskets/Gifts Program
- F. Child Care Subsidy/Community Connections for Children (Mono County)
- G. Head Start/State Preschool
- H. Housing Assistance
- I. Garden Assistance
- J. Volunteering with IMACA
- K. Other

Enter total *gross* monthly income for all persons living in the household:

No Income	\$ _____
TANF	\$ _____
SSI/SSP	\$ _____
Social Security	\$ _____
Pension	\$ _____
General Assistance	\$ _____
Unemployment	\$ _____
Veterans Benefits	\$ _____
1 – Employment	\$ _____
2 – Employment	\$ _____
3 – Employment	\$ _____
4 – Employment	\$ _____
OTHER	\$ _____

Total Monthly Income \$ _____

Annual Income \$ _____

Percentage of Poverty Level _____%

Applicants Statement: The information on this application will be used to determine and verify my eligibility for assistance with any IMACA program. I also understand that IMACA does not discriminate in the provision of services on the basis of race, color, national origin, disability, age, sex or sexual orientation. I certify that the information I have given is correct and is not provided with the intent to defraud and I am aware that any deliberate falsification of information will be grounds for immediate dismissal from any IMACA program. I hereby acknowledge that the information relating to the determination of my eligibility requires verification and/or documentation, and that by my signature I authorize all parties, whether agencies or individuals, to release any and all such information.

Applicant's Signature

Date