

WHITEHALL-COPLAY HUNGER INITIATIVE (WCHI) CHILDREN'S SUMMER FEEDING PROGRAM (CSFP)

REGISTRATION/RELEASE FORM AND PERMISSION TO PICK-UP FOOD

June 16 –August 25, 2021 Mondays & Wednesdays 10:00 – 11:00 am

This form must be completed and signed by parent or guardian naming all children in the household a toddler through age 18

Please Note: All information given is confidential and is not distributed to unauthorized personnel.

- CSFP “Grab and Go” pick-up locations Please (X) the location closest to your home
- () Redeemed Christian Church of God, 5 N 3rd St, Coplay
 - () Maryland Circle, Whitehall (school bus stop)
 - () Mickley Run Apartments, Whitehall Parking lot closest to 350 Building off of Overlook Rd
 - () Park and Church Streets, Whitehall (school bus stop or in Egypt Community Church social hall parking lot)
 - () St John’s Evangelical Lutheran Church, 835 N 3rd St, Whitehall
 - () 3rd and Leisenring Streets, Whitehall (school bus stop)

I give my permission for my child/children to pick up a “drop and go” bag of food for our household children named below at one of our 6 locations marked above. I, as the parent/guardian, may also pick up the bagged food.

I will not hold Whitehall-Coplay Hunger Initiative or any of WCHI’s volunteers liable for my child’s wellbeing before, during, or after picking up the CSFP bagged food during our summer distribution mentioned above.

Child/children’s name(s) and birthdate(s) _____

Parent/Guardian Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Emergency Contact: _____ Phone Number _____

Medical Information and Release:

Any physical or emotional health problems WCHI volunteers should know about?

Photo Release: I give my permission for images of my child to be used for Whitehall-Coplay Hunger Initiative’s publications, online and in print for future promotions. These images may include still photographs or video images. () yes () no

Walking Release: I give my permission for my minor(s) designated above to walk to the Children’s Summer Feeding Program held at one of the locations I checked above. () yes () no

Medical Release: In case of a medical emergency, I permit WCHI volunteers to obtain or authorize emergency medical/dental treatment for my child. I further authorize the medical personnel selected by the staff and/or adult supervisors to administer such emergency treatment. I understand I will be notified of this emergency as soon as possible.

Parent Signature _____ Date: _____

CDBG-CV SURVEY FORM – 2021 INCOME LIMITS

Please check the number of persons living in your household and then indicate the correct range of household income associated with the family size you indicated. For example – a household consisting of a mother, the mother’s father, and two school-age children would be a four-person household. The 4-person household income range of \$40,951 - \$65,500 would be selected because the mother makes \$38,000 a year, the grandfather’s Social Security totals \$18,100 a year, the children are under 15 and no other income is brought into the household (\$38,000 + \$18,100 = \$56,100). Gross income (before taxes) should be used in the calculation.

Family Size	0% to 30% of Median	30% to 50% of Median	50% to 80% of Median	Over 80% of Median
<input type="checkbox"/> 1 Person	<input type="checkbox"/> \$0 - \$17,200	<input type="checkbox"/> \$17,201 - \$28,700	<input type="checkbox"/> \$28,701 - \$45,850	<input type="checkbox"/> Over \$45,850
<input type="checkbox"/> 2 Persons	<input type="checkbox"/> \$0 - \$19,650	<input type="checkbox"/> \$19,651 - \$32,800	<input type="checkbox"/> \$32,801 - \$52,400	<input type="checkbox"/> Over \$52,400
<input type="checkbox"/> 3 Persons	<input type="checkbox"/> \$0 - \$22,100	<input type="checkbox"/> \$22,101 - \$36,900	<input type="checkbox"/> \$36,901 - \$58,950	<input type="checkbox"/> Over \$58,950
<input type="checkbox"/> 4 Persons	<input type="checkbox"/> \$0 - \$26,500	<input type="checkbox"/> \$26,501 - \$40,950	<input type="checkbox"/> \$40,951 - \$65,500	<input type="checkbox"/> Over \$65,500
<input type="checkbox"/> 5 Persons	<input type="checkbox"/> \$0 - \$31,040	<input type="checkbox"/> \$31,041 - \$44,250	<input type="checkbox"/> \$44,251 - \$70,750	<input type="checkbox"/> Over \$70,750
<input type="checkbox"/> 6 Persons	<input type="checkbox"/> \$0 - \$35,580	<input type="checkbox"/> \$35,581 - \$47,550	<input type="checkbox"/> \$47,551 - \$76,000	<input type="checkbox"/> Over \$76,000
<input type="checkbox"/> 7 Persons	<input type="checkbox"/> \$0 - \$40,120	<input type="checkbox"/> \$40,121 - \$50,800	<input type="checkbox"/> \$50,801 - \$81,250	<input type="checkbox"/> Over \$81,250
<input type="checkbox"/> 8 Persons	<input type="checkbox"/> \$0 - \$44,660	<input type="checkbox"/> \$44,661 - \$54,100	<input type="checkbox"/> \$54,101 - \$86,500	<input type="checkbox"/> Over \$86,500

Please also indicate if:

- The head of household is a person with a disability
- The head of household is female
- The head of household is elderly (62 or older)

Ethnicity: (must select one)

- Hispanic or Latino
- Not Hispanic or Latino

Race of Head of Household:

For reporting purposes, **the race of the head of household determines the race of the entire household.**

- White
- Black/African American
- Asian
- American Indian/Alaskan Native
- Native Hawaiian/Other Pacific Islander
- American Indian/Alaskan Native & White
- Asian & White
- Black/African American & White
- American Indian/Alaskan Native & Black/African American
- Other Multi-Racial

Mailing Address: _____

I/we certify that participation in this program is in response to the hardships caused by COVID-19. I/we certify that all information on this application is true and correct to the best of our knowledge and belief and understand that the information given is subject to verification by the County of Lehigh and the US Department of Housing & Urban Development. It is further understood that this information is strictly confidential and is to be used only to certify my/our eligibility for assistance. I/we understand that it is a federal crime punishable by fine or imprisonment or both to knowingly or willfully make any false statements concerning these questions. If any material is found to have been materially misstated, I/we shall reimburse Lehigh County the full amount of any assistance given.

Interviewer Signature (if applicable)

Date

Respondent Signature

Date