



# Family Access Membership Application

Nombre de adulto: \_\_\_\_\_

Dirección: \_\_\_\_\_ Ciudad y Codigo: \_\_\_\_\_

Teléfono: \_\_\_\_\_ Correo Electrónico: \_\_\_\_\_

### Do you or your children receive services or benefits from any of the following agencies? (please check all that apply)

- Food Stamps/CalFresh Program/SNAP (Supplemental Nutritional Assistance Program)
- Low Income Energy Assistance/HEAP (Home Energy Assistance Program)
- TANF (Temporary Assistance for Needy Families)
- WIC (Women, Infants and Children)
- Other \_\_\_\_\_
- First 5 Santa Cruz
- Section 8/Public Housing
- Cal WORKS
- Free/Reduced School Lunch
- Early Head Start or Head Start

Member Packet Delivery:  Enviar por correo  Recoger (*identificación es necesario*)

Nombre de Miembros Familiares:

Fecha de nacimiento (solo los niños):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

*Please complete this application and present it at the front desk along with your proof of participation in one of the programs listed above. If applying by mail, please include a copy of your proof and mail to: SCCMOD, Attn: Gina Vitali, 1855 41<sup>st</sup> Ave, Suite C-10, Capitola, CA 95010*

#### Office Use Only

Date \_\_\_\_\_ Staff \_\_\_\_\_

- Checked Benefits- approved?    **YES**    **NO**
- Entered Patron
- Sold Membership in POS
- Printed Membership Card
- Mailed Cards & Packet

Notes: