Unique Finds Application

This section is optional and is used to determine your Unique Finds monthly stipend.

If you choose not to complete this section, it will not affect your ability to receive food.

However, you will only receive the base \$30 monthly stipend to use at Unique Finds.

If you have additional household members, they **must be listed below** with the correct names and dates of birth to qualify for an increased stipend.

"Household" is defined as everyone that shops and prepares meals together.

If the information provided is found to be false, it may result in losing the opportunity to shop with a stipend at Unique Finds.

Address:	City	Zip	
County:	Phone Number		

Name (First and Last)	Date of Birth (mm/dd/yyyy)	*Race	Gender	**Employment Status

* Choose From: African American, Asian, Bi-Racial, Caucasian, Hispanic, Latin, Native American, Other, Somali, Sudanese

**Choose From: Disabled, Employed Full-Time, Employed Part-Time, Employed Temp, Homemaker, Laid Off, Medical Leave, Multiple Jobs, Retired, Self-Employed, Student, Unemployed (all children are considered 'Students' regardless of age)

By law, Community Pathways may not discriminate based on this information. Community Pathways appreciates as much information as possible to advocate for our customers. I agree:

- That all information provided on this application is truthful to the best of my knowledge.
- To inform Community Pathways of any change in my application.
- To only take items needed by my family members listed in this application.
- That I will not sell, barter, or trade items received from Community Pathways and understand that doing so may result in loss of shopping privileges.
- That I will not take items from Community Pathways that are not run through the check-out process and understand that doing so may result in loss of shopping privileges.

Signature	of Main	Shonnor
Signature	01 Iviaiii	Shopper

Date

Optional Messaging Sign Up				
TEXT MESSAGING – AUTHORIZATION:				
l wish to receive messages from Community Pathways via text message. (Standard text message rates may apply)				
Phone #	Client Initials			
Email - Authorization				
I give Community Pathways permission to contact me via email for updates and newsletters.				
Email Address	Client Initials			

FOR OFFICE USE ONLY:

Application verified by: _

Initials