



## ADOPTEE HOUSEHOLD APPLICATION

Select One
<input type="checkbox"/> New <input type="checkbox"/> Transfer <input type="checkbox"/> Renewal

Check If You Are Changing	
<input type="checkbox"/> Additional Adoptee <input type="checkbox"/> Household Member	<input type="checkbox"/> Address <input type="checkbox"/> Income <input type="checkbox"/> Phone

<b>Team Name:</b> _____
<b>Member Name:</b> _____

<b>Adoptee Name:</b> _____	<b>Cell Phone:</b> # _____
<b>Physical Address:</b> _____	<b>Home Phone</b> # _____
<b>City and Zip:</b> _____	
<b>Mailing Address:</b> _____	
<b>Email Address:</b> _____	

**Ethnicity (E-Code) Key:** Caucasian (1) Hispanic/Latino (2) African American (3) Asian (4) Multiracial (5) Native American Including Alaska Native and Pacific Islander (6) Undeclared (8)

### Adoptee Household Information

First Name <i>(Please print)</i>	Last Name <i>(Please print)</i>	Sex M/F	Birth Date	E-Code	Vet	SSD	Gross Yearly Income
1					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
2					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
3					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
4					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
5					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
6					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
7					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
8					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
<b>TOTAL GROSS YEARLY INCOME</b>							\$

**Team Leader Use Only**

HUD Income Guidelines: \$ _____	Start Date: _____
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ADOPTEE HOUSEHOLD APPLICATION

PLEASE PRINT ALL INFORMATION ON YOUR APPLICATION LEGIBLY, IN ENGLISH, WITH INK

Each paying member, (within Clackamas County and in outlying areas), must have a Clackamas County non-paying adoptee. The paying-member will share a portion of the food they receive including meat and other specialty items. A paying member may find their own adoptee or call the office, at 503-655-8740, and an adoptee will be assigned from the GCCI., Inc waiting list. An adoptee must meet the following qualifications:

Must be at least 65 years old, OR at least 18 years of age and on SSD, live in Clackamas County, does not live in the same household of a member of Gleaners of Clackamas County, Inc., and meets the HUD Income Guidelines.

(Copy of the HUD Income Guidelines may be found at https://www.gleanerscc.org)

Gross Annual income is ALL income before any deductions for ALL members of the household for all of a year.

- I understand that the membership list is not private.
I agree that no products distributed by Gleaners of Clackamas County, Inc. (GCCCI) shall be traded, sold, bartered or used for fundraising.
I certify that I am age 65 or older and/or disabled and at least 18 years old.
I certify that my physical residence is in Clackamas County.
I certify that I meet the HUD Income Guidelines.
I certify that all information on this page is true and correct.
I agree to notify GCCCI immediately with changes to the information on this page.
I agree that GCCCI SHALL NOT BE LIABLE for any claims, injuries, damages, or actions to persons or property arising from or connected with my participation or my household's participations(s) in GCCCI.
I agree to abide by all current GCCCI BY-LAWS , POLICIES, Procedures and Team rules.

(Copy of By-Laws may be found at https://www.gleanerscc.org)

By signing below, I understand that falsification of this information or forgery of signature, shall deem my application null and void and that my standing with this organization will be terminated. I agree to notify Gleaners of Clackamas County, Inc. of any changes in household members, adoptee, income or status immediately.

Adoptee Signature

Date

Gleaner Member Signature

Date