**Name**

**­­­­Last Name**  **First Name**

**Address**

**­­**

**Are you currently enrolled in Every Bottom Covered? \_\_\_\_\_\_\_YES \_\_\_\_\_\_\_\_\_NO**

**Income:**

\_\_\_\_\_\_\_\_ Employment

­­\_\_\_\_\_\_\_\_ TANF/SNAP

\_\_\_\_\_\_\_\_ WIC

\_\_\_\_\_\_\_\_ Medicaid

**Are you currently in any of the following situations?**

**\_\_\_\_\_\_\_\_** Homeless Shelter

­­\_\_\_\_\_\_\_\_ Domestic Violence Shelter/Program

\_\_\_\_\_\_\_\_ Human Trafficking Housing

**How did you hear about Erie County Alliance for Period Supplies (ECAPS)?**

\_\_\_\_\_\_\_\_ Social Media

\_\_\_\_\_\_\_\_ A Referral from another organization

 If so, which organization? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_ Other

Please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Number of Women in Household** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Names and ages**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please note that ECAPS will provide supplies bi-monthly: One package of pads per woman in the household and one box of liners per household. The supplies will be available for pickup once every two months on Fridays and Saturdays by showing ID and proof of income/eligibility.**

**Signature Date**