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INTAKE FORM - RTSC FOOD PANTRY PROGRAM

As of 1/1/2024

Name	Address	City	State	Zip Code
			CA	
Phone:		Email:		
COMPLETE THE FOLLOWING FOR YOUR HOUSEHOLD				
Household Size: (no of individuals living in your home including yourself)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 or more	Racial Background: Check all that apply	<input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Hispanic	
Age of Household Members: Check all that apply	<input type="checkbox"/> Minors (<18 years) <input type="checkbox"/> 18-45 years <input type="checkbox"/> 45-64 years <input type="checkbox"/> 65 years or older	Military Check if any member of your household is or was in the military	<input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> Veteran Spouse <input type="checkbox"/> N/A	
Disabled: Check if any member of your household is disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No	Gender: Check all that apply	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Household Income:	<input type="checkbox"/> Low or Moderate-Income (see chart below) <input type="checkbox"/> Above Moderate-Income			

2022-2023 Low-income guidelines for Solano County

1 Person	2 Person	3 Person	4 Person	5 Person	6 Person
\$60,800	\$69,450	\$78,150	\$86,800	\$93,750	\$100,700