

EMERGENCY FOOD APPLICATION

Please COPY PHOTO ID for Head of Household

DATE: _____ **LOCATION:** _____

Name: _____

Address: _____ **City:** _____ **Zip:** _____

Phone: _____ **Marital Status?** ___ Single ___ Single Parent ___ Married ___ Divorced ___ Widow

Referral Source: _____

Have you received services here before: Y or N **Prior DATE for FOOD:** _____

**Names of those living in household.
Include self, immediate family, relatives, friends, and non-married partners:**

Name—list everyone in household—including yourself	Relationship	M/F	Date of Birth	Age	Social Security #
	SELF				

Total Household Income (of everyone in household)\$ _____ (Circle one) Week Month Annual

Source of Income: ___ Disability ___ Pension ___ Social Security ___ Unemployment
___ Food Stamps ___ SSI ___ TCA ___ Employment ___ Alimony ___ Child Support

RACIAL/ETHNIC PARTICIPATION DATA

1. **Are you Hispanic or Latino?** [Check only one] ___ Yes ___ No
2. **What is your race?** [Check all that apply] ___ American Indian or Alaska Native ___ Asian
___ Caucasian ___ Black or African American ___ Native Hawaiian or Other Pacific Islander ___ Other
3. **Is any household member an active member of the Military or a Veteran?** ___ Yes ___ No

Do you participate in any of these programs? Please check all programs that apply.

SNAP _____ TCA _____ Medicaid _____ TDAP _____ SSI _____

Have you received food from another agency in the last month? **If yes, where?**

**Please read the following statement carefully.
Then SIGN the form and write in today's date.**

I affirm that neither I nor any other household member has received any other USDA food from this or any other pantry within the last 30 days. I certify the above information is true and correct and all income is considered. I understand misrepresentation of eligibility and the sale, exchange or misuse of commodities is prohibited and could result in a fine, imprisonment or both.

**Applicant
Signature** _____

Agency approval _____ **Date** _____

Please save this form with your last name followed by [EMFOOD] and
email it to foodprograms@ccwilm.org