**APPLICATION FOR FOOD ASSISTANCE**

**Color Code**

 Welcome to St. Vincent de Paul. God Bless you! Please fill out this application as completely as you can. Please understand that St. Vincent de Paul Food Pantry exists to provide food assistance to people and families who really need that help. By taking help from the pantry you are stating that your household genuinely needs food assistance.

LAST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ZIP CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_TELEPHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list the names (including yourself first) and ages of everyone in your household:

 EMPLOYED? SSI/SSDI?

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NAME | **AGE** | **INCOME** |  | Y | N |  | Y | N |
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SNAP (FOOD STAMP $ AMOUNT): \_\_\_\_\_\_\_\_\_ TOTAL MONTHLY INCOME: \_\_\_\_\_\_\_\_\_\_\_\_\_

Is anyone in your household a veteran? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is anyone in your household your grandchild? \_\_\_\_\_ Yes \_\_\_\_\_ No

Anyone in your house permanently disabled? \_\_\_\_\_ Yes \_\_\_\_\_ No

The above information is correct to the best of my knowledge and belief.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To best serve our community, would you mind to briefly share what brings you to our pantry today? (For example-loss of job, sickness, behind on bills, purse stolen, etc.…) \_\_\_\_\_\_\_\_\_\_\_\_\_

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

**TAKEN BY: DATE:**

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| OTHER RESOURCES | Applied | Receives |
| FOOD STAMPS |  |  |
| WIC |  |  |
| BACKPACK PROGRAM |  |  |
| CSFP SENIOR BOX |  |  |
| TEFAP (FAIRGROUNDS) |  |  |
| COMMUNITY CLINIC  |  |  |
| COMMUNITY ACTION |  |  |
| SVDP OUTREACH  |  |  |
| SUMMER MEAL PROGRAM |  |  |

NOTES

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