

Grace Food Pantry Application

Last Name _____ First Name _____ MI _____ DOB _____
 Address _____ Apt # _____ Township: _____
 City _____ State _____ Zip Code _____ County _____
 Phone _____ Number of People in Household _____

Circle all that apply:

Employed? Seeking Employment? Laid-off? Receiving Disability / Social Security? In School?

Names and information of other household members, including children, that live in your home.

| Name | M or F | DOB | Employed | Disability Income | Social Security Income | Student / School |
|------|--------|-----|----------|-------------------|------------------------|------------------|
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Do you have any health problems? Yes ___ No ___
 Diabetic ___ Stroke ___ Heart Problems ___ Other _____

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| <p>Optional Information: Race and Ethnicity (Please circle one)</p> <p>African American or Black</p> <p>American Indian or Alaska Native</p> <p>Asian/Pacific Islander</p> <p>Hispanic/Latino</p> <p>White/Caucasian</p> |
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I affirm that the above information is correct and true. I understand that I am responsible for advising Grace Food Pantry of any changes related to this survey. I further understand the Grace Food Panty Guidelines and verify that I am in need of food and meet at least one qualification.

Participant Signature _____

Date _____

| |
|-----------------------------|
| Office Use Only |
| Address Verified By _____ |
| Date _____ |
| Qualifying Guidelines _____ |