

APPLICATION FOR FOOD

Birth day
- -

FOOD PANTRY NAME DOUGLASS COMMUNITY SERVICES, INC	DISTRIBUTION MONTH & YEAR
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COMMODITIES

I CERTIFY WITH MY SIGNATURE:
All members of my household are residents of Marion County, Missouri.

I UNDERSTAND:

- o I may be prosecuted under current laws for accepting food for which I am not eligible.
- o Foods may not be sold, exchanged or otherwise diverted from my household's use.

Print Name:	Street Address	City	TOTAL HOUSEHOLD MONTHLY GROSS INCOME: \$ _____
Signature:	Household Size	Phone Number	

LIST NAME AND AGE OF EVERYONE IN HOME, INCLUDING YOURSELF:

NAME	AGE	NAME	AGE
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

*CIRCLE ANY FORM OF ASSISTANCE YOU RECEIVE:

- Examples of Public Assistance include, but not limited to:
- . Temporary Assistance (TA) or TANF
 - . General Relief (GR)
 - . Medicaid
 - . Public Housing Assistance
 - . Supplemental Payments
 - . Food Stamps (FS)
 - . Low Income Home Energy Assistance (LIHEAP)
 - . Medical Assistance (MA)
 - . Supplemental Aid to the Blind (AB)
 - . Supplemental Security Income (SSI)

Note: Social Security and Medicare are Not forms of public assistance