

Emergency Food Pantry

How often were the following statements true within the past 12 months?

“We worried whether our food would run out before we got money to buy more.”

Often True _____ Sometimes True _____ Never True _____

“The food we bought just didn’t last and we didn’t have money to get more.”

Often True _____ Sometimes True _____ Never True _____

Today’s date _____ County you live in _____

Your Name: _____ Your date of birth _____

Your living address: _____

Your household

Name	Age	Name	Age
You			

Do you receive food stamps? Yes No

Do you receive TANF? Yes No

I, the undersigned certify that the information provided is true and correct. I authorize a representative of the food pantry to verify the information to determine eligibility for services.

I certify that I am receiving emergency food and that this food is free and only for the use of my household.

 Signature