

# PEOPLE FIRST FOOD PANTRY APPLICATION

This information is required, as we participate in government programs that provide food to our pantry

Date: \_\_\_\_\_ Referred by: \_\_\_\_\_

Client Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Mailing Address: (including PO Box) \_\_\_\_\_

Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

Number in household: \_\_\_\_\_ Adults (18+yrs) \_\_\_\_\_ Children \_\_\_\_\_ Allergies \_\_\_\_\_

Names of all members living in household	Birthdate
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

## DOCUMENTATION **\*\*Take copies of all related information and attach it to this application\*\***

- \_\_\_\_\_ Current Picture ID **Take Copy**
- \_\_\_\_\_ Proof of residency (families must provide 2 forms of proof of Uxbridge residency-license and utility bill with Uxbridge address or license and rental agreement with Uxbridge address) **Take copy**
- \_\_\_\_\_ Medical cards of all dependent children in household **Take copy**
- \_\_\_\_\_ Income verification (paystub) **Take Copy**
- \_\_\_\_\_ Food Stamps (Food Stamp acceptance letter from DTA) **Take Copy** --Families can apply at Milford Dept. of Transitional Assistance 25 Birch St. Milford—508-634-7100 Hours are M-F 7:30 – 5 pm
- \_\_\_\_\_ WIC (yes or no)
- \_\_\_\_\_ Fuel Assistance (yes or no) --Families can apply at Uxbridge Senior Center 36 South Main St. 278-8622
- \_\_\_\_\_ Unemployment (statement) **Take copy**
- \_\_\_\_\_ Free School Breakfast/Lunch (yes or no) --Family can apply at their child's school guidance office
- \_\_\_\_\_ Receive USDA (yes or no) If family participates in any Federal/State program, they automatically qualify. If they do not belong to any Federal/State program—refer to income chart
- \_\_\_\_\_ Catholic Charities Referral (Family may come in with referral—if they do, attach it to the application)

What is the family's source of Income: (circle one) 1. Employed 2. Unemployment 3. SSI/SSDI 4. Child Support  
5. Veterans Disability 6.TAFDC (welfare) 7. No Source

Family Member \_\_\_\_\_

By signing this application, you acknowledge that all information is correct and true and you accept all food pantry procedures as listed in documents given.