

## EMERGENCY FOOD APPLICATION

Please COPY PHOTO ID for Head of Household

**DATE:** \_\_\_\_\_ **LOCATION:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Marital Status?** \_\_\_ Single \_\_\_ Single Parent \_\_\_ Married \_\_\_ Divorced \_\_\_ Widow

**Referral Source:** \_\_\_\_\_

**Have you received services here before:** Y or N **Prior DATE for FOOD:** \_\_\_\_\_

**Names of those living in household.  
Include self, immediate family, relatives, friends, and non-married partners:**

Name—list everyone in household—including yourself	Relationship	M/F	Date of Birth	Age	Social Security #
	SELF				

**Total Household Income** (of everyone in household) \$ \_\_\_\_\_ (Circle one) Week Month Annual

**Source of Income:** \_\_\_ Disability \_\_\_ Pension \_\_\_ Social Security \_\_\_ Unemployment  
\_\_\_ Food Stamps \_\_\_ SSI \_\_\_ TCA \_\_\_ Employment \_\_\_ Alimony \_\_\_ Child Support

### RACIAL/ETHNIC PARTICIPATION DATA

- Are you Hispanic or Latino?** [Check only one] \_\_\_ Yes \_\_\_ No
- What is your race?** [Check all that apply] \_\_\_ American Indian or Alaska Native \_\_\_ Asian  
\_\_\_ Caucasian \_\_\_ Black or African American \_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_ Other
- Is any household member an active member of the Military or a Veteran?** \_\_\_ Yes \_\_\_ No

Do you participate in any of these programs? Please check all programs that apply.

SNAP \_\_\_\_\_ TCA \_\_\_\_\_ Medicaid \_\_\_\_\_ TDAP \_\_\_\_\_ SSI \_\_\_\_\_

Have you received food from another agency in the last month? **If yes, where?**

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**Please read the following statement carefully.  
Then SIGN the form and write in today's date.**

I affirm that neither I nor any other household member has received any other USDA food from this or any other pantry within the last 30 days. I certify the above information is true and correct and all income is considered. I understand misrepresentation of eligibility and the sale, exchange or misuse of commodities is prohibited and could result in a fine, imprisonment or both.

**Applicant  
Signature** \_\_\_\_\_

**Agency approval** \_\_\_\_\_ **Date** \_\_\_\_\_

Please save this form with your last name followed by [EMFOOD] and  
email it to [foodprograms@ccwilm.org](mailto:foodprograms@ccwilm.org)