

**Cache Community Food Pantry
Food Assistance Application**

Date

Print Last Name

First

Name of Spouse

Street Address

City

State

Zip Code

Telephone #

Gender: M F

Date of Birth (mm/dd/yy)

Age

Ethnicity (Race)
Native American/Alaskan _____
Asian _____
Black _____
White _____
Hispanic _____
Pacific Islander _____
Other _____

Household Type
Two Parent w/children _____
Female Single Parent _____
Male Single Parent _____
Single Adult no children _____
Multiple Adult no children _____
Senior Citizen _____
Multiple Household _____

Housing
Rent \$ _____
Own \$ _____
Share \$ _____
Subsidized \$ _____
Utilities included Y or N _____

Name of Landlord

Employment
Place: _____
Hours per Week _____
Hourly Wage _____
Monthly Gross Income _____
Check Stub _____
Proof of Address _____

Other Assistance
Food Stamps \$ _____
SSI \$ _____
AFDC \$ _____
Child Support \$ _____
Unemployment \$ _____
W.I.C. \$ _____

Social Security \$ _____
Pension \$ _____
Disability \$ _____
Other (explain) \$ _____
Medicaid \$ _____
Worker's Comp. \$ _____

Others Working
Who: _____
Who: _____
Who: _____

Where: _____
Where: _____
Where: _____

Monthly Gross \$ _____
Monthly Gross \$ _____
Monthly Gross \$ _____

Additional Household Members

Name	Age	Birthday	Gender	Disabled
_____	_____	_____	M or F	Y or N
_____	_____	_____	M or F	Y or N
_____	_____	_____	M or F	Y or N
_____	_____	_____	M or F	Y or N
_____	_____	_____	M or F	Y or N
_____	_____	_____	M or F	Y or N
_____	_____	_____	M or F	Y or N

Are any other members of your household receiving help from this Food Pantry? _____

By signing this form, I acknowledge that the food I receive from the Cache Community Food Pantry is donated, sorted, shelved and bagged by volunteers. I also recognize that there may be some foods present that may be past the expiration date and it is my choice to use them or not.

Therefore, I release the Cache Community Food Pantry, its volunteers, Community Partners, and any donor, from any claim associated with the products provided to me.

Client Signature

Date

Do not print below this line. Office use only.

Date _____

Comments _____

