

Name: _____

Birthdate: _____

Address: _____

Contact Telephone #: _____

Is this a cell # or a land line (circle one)?

City: _____

Is this your telephone or someone else's (circle one)?

County: _____

How did you hear about our Pantry? _____

Zip: _____

The Ladies of Charity pursue various grants to augment monies needed to buy food and other resources to support our ministries. Grants often require more detailed information about the clients we serve. The following information is utilized for those purposes:

Applicant's Sex:
Male Female

Applicant's Income:

Applicant's Race:
White/Anglo Black/African American
Hispanic/Latino Asian
Other: _____

Is the Applicant a Veteran?
Yes No

Is the Applicant disabled?
Yes No

Does the household receive SNAP benefits or Medicaid or Energy Assistance or None ?

List all other Household Members

Name	Birthdate	Sex	Race	Relationship to Applicant	Monthly Income

Office Use/LOC Greeter: Car Tag Color _____