

**Montville Kiwanis Food Pantry
Grocery Assistance Program Application**

on Card _____

Name _____ Age ____ DOB: __/__/__ Gender _____
(last) (first) (M/F)

Address _____
Street Apt Town State

Marital Status _____ Children _____ Phone _____ Cell _____
(M-S-D) how many?

Occupation: _____ Currently Working ? _____ Where: _____

Second Name on Card _____ (if someone else will be regularly picking up your food)

Other Members

Please list other members of applicants family living at same address who are applying for food

First Name	Last Name	Relationship	Age	DOB	Occupation
1. _____	_____	_____	_____	__/__/__	_____
2. _____	_____	_____	_____	__/__/__	_____
3. _____	_____	_____	_____	__/__/__	_____
4. _____	_____	_____	_____	__/__/__	_____
5. _____	_____	_____	_____	__/__/__	_____
6. _____	_____	_____	_____	__/__/__	_____

Please answer all of the following questions

Housing Do You ? rent apt. () rent room () own home () live in a shelter () Section 8 ()
Public Housing () other () explain: _____

What caused you to need food assistance ? recently lost job () had work hours reduced ()
no recent change, but income does not cover expenses () became disabled/seriously ill ()
other () please explain _____

Are you in danger of losing your housing ? no () yes () If yes, why? _____

How did you hear about the Kiwanis Food Pantry ? _____

Referred By _____ Organization: _____
(Church, Club, Agency, etc.)

Intake By: _____ Date _____ Please use reverse side to add any notes, such as dietary needs, conditions, like diabetes, or any other special needs