

Stillwater Food Pantry

Email address \_\_\_\_\_

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street Address (if different than above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Household Information

How many adults (18-64 ) live in your household? \_\_\_\_\_ Please include yourself.

Name:

1. \_\_\_\_\_ DOB \_\_\_\_\_ 4. \_\_\_\_\_ DOB \_\_\_\_\_

2. \_\_\_\_\_ DOB \_\_\_\_\_ 5. \_\_\_\_\_ DOB \_\_\_\_\_

3. \_\_\_\_\_ DOB \_\_\_\_\_ 6. \_\_\_\_\_ DOB \_\_\_\_\_

How many children ( 0-17) and ages live in your household? \_\_\_\_\_

Name:

1. \_\_\_\_\_ DOB \_\_\_\_\_ 4. \_\_\_\_\_ DOB \_\_\_\_\_

2. \_\_\_\_\_ DOB \_\_\_\_\_ 5. \_\_\_\_\_ DOB \_\_\_\_\_

3. \_\_\_\_\_ DOB \_\_\_\_\_ 6. \_\_\_\_\_ DOB \_\_\_\_\_

How many seniors ( 65+) live in your household? \_\_\_\_\_

Name

1. \_\_\_\_\_ DOB \_\_\_\_\_ 3. \_\_\_\_\_ DOB \_\_\_\_\_

2. \_\_\_\_\_ DOB \_\_\_\_\_ 4. \_\_\_\_\_ DOB \_\_\_\_\_

**This section is voluntary** Do you receive SNAP? \_\_\_\_\_. Are you interested in learning about SNAP? \_\_\_\_\_.  
Do you receive WIC? \_\_\_\_\_ Are you interested in learning about WIC? \_\_\_\_\_.

I understand the rules and regulations for using a food pantry and I agree to follow them. I further state the above information written on this form is true. I understand that if I fail to follow the rules or give false information that I may be refused service from this pantry.

Signature \_\_\_\_\_ Date \_\_\_\_\_

