

**Friendly Food Pantry of Randolph
APPLICATION FOR FOOD ASSISTANCE**

APPLICANT INFORMATION										
Last/Surname					First				M.I.	
Street						Apt/Unit				
City				State			Zip			
Date of birth	Month (MM)			Day (DD)			Year (YYYY)			
Phone				Is this a cell phone?	YES	NO	Email			

HOUSEHOLD INFORMATION				
What is the total number of people living at this address?				
Number of people ages 0-4 years			Number of people ages 5-17 years	
Number of people ages 18-64 years			Number of people over 65 years	
First Name	Middle Initial	Last Name		Gender

ADDITIONAL INFORMATION					
Do you or someone at this address receive assistance from SNAP/Food Stamps	Yes	No	Do you or someone at this address receive assistance from WIC	Yes	No
Do you or someone at this address receive assistance from MassHealth	Yes	No			
Are you currently employed?	Full-time		Part-time		Not employed
What is your monthly income (excluding assistance)					

The pantry uses Massachusetts Department of Education guidelines for eligibility. Service will be refused to any person who provides false information, cannot produce required documents, or removes food items from the Friendly Food Pantry of Randolph without permission.

I hereby relieve the Friendly Food Pantry of Randolph, a private non-governmental agency, of any responsibility for food/goods given to me. I further certify, under the pains and penalties of perjury, that all information given on this application is correct to the best of my knowledge. I understand and will abide by the guidelines and policies of the Friendly Food Pantry of Randolph. I understand that I may come to the pantry once **every three (3) weeks** for food assistance.

All information herein is considered confidential and will be kept confidential to the best of our ability.

APPLICANT SIGNATURE _____

DATE: _____

STAFF SIGNATURE _____

DATE: _____