

CLIENT APPLICATION – Feed More Program at Clarksville Food Pantry

The Clarksville Food Pantry can serve only residents of Clarksville, Boydtown, Skipwith, Red Oak, Buffalo Junction, and Nelson. This questionnaire must be fully completed to enroll in the Feed More program.

Last Name First Name Date of Birth

Gender Race/Ethnicity () Telephone #

Address *City State Zip Code

Spoken Language Are you a Veteran? Dietary limitations (allergies, cooking equip., etc.)

Referred by: Friend Social Worker Other _____

PERSONS LIVING WITH YOU:

Full Name	DOB	How Related	INCOME	Source of Income

INCOME: Full-time work Part-time work Social Security Other _____

Total income per month \$ _____

Aid Received: Medicaid WIC TANF SNAP Free Lunch
 Food Stamps CHIP Other

To my knowledge, all of the above information is correct.

Signature Date