

CLIENT APPLICATION – Feed More Program at Clarksville Food Pantry

The Clarksville Food Pantry can serve only residents of **Clarksville, Boynton, 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? Email address

DIETARY LIMITATIONS:

- ☐ Diabetic ☐ Allergies: _____
☐ High blood pressure
☐ Dental concerns ☐ Other: _____
☐ Limited cooking facilities

PERSONS LIVING WITH YOU: (Use reverse for additional names)

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