

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? _____ Email address _____

DIETARY LIMITATIONS:

| | |
|---|---|
| <input type="checkbox"/> Diabetic | <input type="checkbox"/> Allergies: _____ |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Dental concerns | |
| <input type="checkbox"/> 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