



# Sustaining Ministries Food Pantry Application

Sponsored by Oakdale Church

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Personal Identification: (Please make a copy) Email: \_\_\_\_\_

Client Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

## Household Info:

List names, ages and relationships of household family members.

_____	_____
_____	_____
_____	_____
_____	_____

Total number of household members under age 18 \_\_\_\_\_

Total number of household members over age 18 \_\_\_\_\_

Total number of household members over age 65 \_\_\_\_\_

## Please Check:

I have access to: ☐ Stove Top ☐ Oven ☐ Microwave ☐ Can Opener ☐ Running Water

Dietary Restrictions: \_\_\_\_\_

Allergies: \_\_\_\_\_

Does your family receive any type of assistance? **CHECK** all that apply:

Temporary Assistance to Needy Families (TANF / AFDC) \_\_\_\_\_ SNAP (Food Stamps) \_\_\_\_\_

SSI \_\_\_\_\_ Medicaid/MediCal \_\_\_\_\_ CHIP \_\_\_\_\_ WIC \_\_\_\_\_ DISABILITY \_\_\_\_\_

OTHER NON-EMPLOYMENT INCOME: \_\_\_\_\_

(please explain) \_\_\_\_\_

The total gross income before deductions of all household members:

Per Year \$ \_\_\_\_\_ Per Month \$ \_\_\_\_\_

Where are you currently employed? \_\_\_\_\_

Employer's Phone Number \_\_\_\_\_  
(We won't embarrass you, but we will call to ensure you are employed.)

If not currently employed, please explain why. \_\_\_\_\_

What is your next step for finding employment? \_\_\_\_\_

Was there an emergency situation that caused you to need food? \_\_\_\_\_

What can we pray with you about today? \_\_\_\_\_

Do you attend a church? Yes \_\_\_\_\_ No \_\_\_\_\_ Have you shared your need with them? Yes \_\_\_\_\_ No \_\_\_\_\_

Church name: \_\_\_\_\_

Would you be interested in a link to Oakdale Church or Mount Paran Church online services?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Would you like to have one of our volunteers accompany you at one of these two churches?  
Yes \_\_\_\_\_ No \_\_\_\_\_

The undersigned client certifies that the information/answers provided are complete and true. You further agree to the following:

- I understand that this food pantry is to be used as an emergency resource only and is meant to supplement additional assistance or resources you may receive for no more than 6 months.
- Food is provided on a FIRST COME, FIRST SERVED basis and I relinquish this Food Pantry and of all liability of any nature whatsoever and accept the food "AS IS" and at my own risk.
- There is no guarantee to the amount or type of food product given.
- I will not sell the food or non-food products or exchange/barter food or non-food products for services.
- Inappropriate behavior such as profanity, verbal abuse of staff, or any other disruptive behavior is prohibited. Any such behavior may result in the suspension or termination of my privileges at this food pantry.

CLIENT SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

STAFF SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_