



Open hearts. Open minds. Open doors.
Little Falls United Methodist Church
 139 Main Street | Little Falls NJ | 07424 | 973.256.0993 | www.littlefallsumc.org

REQUEST FOR EMERGENCY FOOD

PLEASE PRINT ALL INFORMATION:

WERE YOU REFERRED TO US? IF SO, BY WHOM?

Agency: _____ Staff Name: _____ Phone: _____

CLIENT INFORMATION:

1. Name: _____ SSN: _____ D.O.B: _____

Address: _____ City: _____ ZIP: _____

Phone: _____

Does household receive Section 8 assistance ? (Y/N) ____ Homeless? (Y/N) ____ Used pantry before (Y/N) When? ____ Transportation: (Y/N) ____

Ethnicity? (Check all that apply) African American/Black Asian/Pacific Islander Caucasian/White Hispanic Latino Native American

HOUSEHOLD DESCRIPTION: (Complete for every person in the household)

FIRST NAME	LAST NAME	Write in actual age of each person in household.				
		Adult (Age 18-64)	Senior (Over)	Child (Under 18)	Answer Yes or No Veteran Disabled	

I certify that the above information is accurate to the best of my knowledge, vow to abide by pantry rules and authorize the use of my information to provide data for the statistical purposes and for advocacy on my behalf. I am accepting a charitable donation of food from the Emergency Food Pantry. I hereby relinquish the Little Falls United Methodist Church Food Pantry of all liability of any nature whatsoever and accept the food products "AS IS" and at my own risk.

DATE

CLIENT SIGNATURE

STAFF SIGNATURE