

**ST. MARY OF THE BAY
FOOD PANTRY**

2021 REGISTRATION FORM
NEW RENEWAL

PLEASE FILL IN ALL SECTIONS. SIGN ON THE BACK OF THIS FORM.

THIS INFORMATION IS CONFIDENTIAL AND IS NOT REVEALED TO ANYONE. CONTACT INFORMATION IS NECESSARY IN CASE OF FOOD RECALL.

APPLICANT INFORMATION (PLEASE PRINT CLEARLY)

FIRST NAME _____ LAST NAME _____

STREET _____ APT # _____

CITY _____ STATE _____ ZIP CODE _____

DATE OF BIRTH _____ OVER 59? YES NO

HOME PHONE _(____)_____ CELL PHONE _(____)_____

EMAIL _____

PRIMARY LANGUAGE SPOKEN _____

TOTAL MEMBERS IN HOUSEHOLD _____ (SHOULD MATCH NUMBER OF NAMES BELOW)

LIST ALL HOUSEHOLD MEMBERS

- **PLEASE FILL OUT THIS FORM IN FULL.**
- **REQUIRED FOR EACH MEMBER**
 - PLEASE FILL IN **BIRTH DATES** (MONTH, DAY, AND YEAR).
 - PLEASE HAVE A **PHOTO ID OR OTHER DOCUMENT** SHOWING PROOF OF RESIDENCE.
- **THE AGES OF HOUSEHOLD MEMBERS WILL HELP US DETERMINE AGE-RELATED PROGRAMS FOR WHICH YOUR HOUSEHOLD MIGHT BE ELIGIBLE.**

	FIRST NAME	LAST NAME	DATE OF BIRTH (XX / XX / XXXX)	RELATIONSHIP TO APPLICANT	ID
1					
2					
3					
4					
5					
6					

SPECIAL DIETARY NEEDS (ANYONE IN HOUSEHOLD)

GLUTEN ALLERGY DIABETIC TREE NUTS ALLERGY DAIRY ALLERGY

OTHER _____

ADDITIONAL INFORMATION: _____
=====

OFFICE USE

PROVIDED ID TYPE _____

PROVIDED PROOF OF ADDRESS

PROVIDED ID / PROOF OF ADDRESS FOR ALL HOUSEHOLD MEMBERS

REGISTRAR INITIALS

SIGNATURE

DATE

THIS SECTION IS OPTIONAL AND COLLECTED ONLY FOR STATISTIC PURPOSES.

THIS INFORMATION IS NOT SHARED WITH ANYONE, NOR WILL IT BE USED TO DENY YOU ACCESS TO THE PANTRY.

RACE / ETHNICITY:

- WHITE HISPANIC / LATINO ASIAN
- BLACK / AFRICAN AMERICAN NATIVE AMERICAN / ALASKA NATIVE
- MIDDLE EASTERN / NORTH AFRICAN NATIVE HAWAIIAN / PACIFIC ISLANDER
- OTHER _____

VETERAN: YES NO

EMPLOYMENT:

- EMPLOYED FULL-TIME EMPLOYED PART-TIME
- SELF-EMPLOYED WORKING MULTIPLE JOBS
- RETIRED DISABLED UNEMPLOYED

HOUSING: OWN RENT

HOUSEHOLD SUPPORT RECEIVED:

- CHILD CARE ASSISTANCE SNAP (FOOD STAMPS) MEDICAID
- ENERGY ASSISTANCE (LIHEAP) TEMPORARY DISABILITY SSI/SSDI
- GENERAL PUBLIC ASSISTANCE UNEMPLOYMENT RIWORKS
- RENT ASSISTANCE

HOW DID YOU HEAR ABOUT OUR FOOD PANTRY?

- FAMILY / FRIEND FACEBOOK, INSTAGRAM NEWSPAPER
- 211 RHODE ISLAND COMMUNITY FOOD BANK
- OTHER _____

REASON FOR COMING TO OUR FOOD PANTRY?

- WAGES ARE INSUFFICIENT
- SSI/SSDI OR PUBLIC ASSISTANCE BENEFITS ARE INSUFFICIENT
- UNEMPLOYMENT BENEFITS ARE INSUFFICIENT
- NO SOURCE OF INCOME
- OTHER (EXPLAIN) _____
-

REGISTRATION

AT REGISTRATION, WE WILL ASK YOU TO FILL OUT THE GOVERNMENT TEFAP FORM AND OUR TWO-PAGE REGISTRATION FORM. **PLEASE PRINT CLEARLY.**

PAGE 1: YOUR CONTACT INFORMATION, AND NAMES AND BIRTH DATES OF EACH PERSON IN YOUR HOUSEHOLD.

PAGE 2: YOUR SIGNATURE AND DATE.
QUESTIONS ON PAGE 2 ARE OPTIONAL, AND ARE ONLY USED FOR STATISTICS.

THE INFORMATION ON THIS FORM IS CONFIDENTIAL. IT IS NOT REVEALED TO ANYONE. CONTACT INFORMATION IS NECESSARY IN CASE OF FOOD RECALL.

EACH MEMBER OF THE APPLYING HOUSEHOLD MUST HAVE DOCUMENTATION WITH PROOF OF RESIDENCE.

ADULTS (18 YEARS AND OLDER)

1. PHOTO IDENTIFICATION WITH CURRENT ADDRESS, AND
2. PROOF OF ADDRESS.

ACCEPTABLE FORMS OF IDENTIFICATION:

- DRIVER'S LICENSE
- STATE IDENTIFICATION CARD
- VOTER IDENTIFICATION CARD
- U.S. PASSPORT
- SCHOOL OR COLLEGE IDENTIFICATION CARD
- U.S. MILITARY IDENTIFICATION CARD
- GOVERNMENT-ISSUED MEDICAL CARD

PROOF OF CURRENT ADDRESS:

- UTILITIES BILL
- LEASE

CHILDREN (UNDER AGE 18): DOCUMENTATION FOR EVERY CHILD IN THE HOUSEHOLD

SUGGESTED DOCUMENTATION:

- BIRTH CERTIFICATE
- SOCIAL SECURITY CARD
- HEALTH CARE CARD
- SNAP AWARD LETTER
- SCHOOL LUNCH LETTER

IF YOU DO NOT CHOOSE TO PROVIDE DOCUMENTATION / PROOF OF ADDRESS FOR ANYONE OTHER THAN YOURSELF, WE WILL COUNT YOUR HOUSEHOLD AS 1 PERSON.

CHECK-IN

1. PLEASE SHOW YOUR PHOTO ID AT EACH CHECK-IN.

- IF YOU DO NOT SHOW ID, YOU MAY PICK UP FOOD THAT DAY ONLY. YOU WILL NOT BE ABLE TO RECEIVE FOOD AGAIN UNTIL YOU BRING YOUR ID.

2. PLEASE INFORM THE REGISTRAR

- IF THERE ARE ANY CHANGES TO YOUR CONTACT INFORMATION OR HOUSEHOLD, SO THAT WE CAN UPDATE YOUR INFORMATION.
- IF YOU ARE PICKING UP FOR ANOTHER GUEST. THE GUEST NEEDS TO BE REGISTERED HERE. PLEASE BRING A COPY OF THEIR CURRENT ID.

3. IF YOU WOULD LIKE TO USE ONE OF OUR CARRIAGES, PLEASE LEAVE YOUR ID WITH THE REGISTRAR. YOU CAN RETRIEVE YOUR ID WHEN YOU RETURN THE CARRIAGE.

- WHILE WE REGRET HAVING TO DO THIS, TOO MANY CLIENTS ARE STILL LEAVING THE CARRIAGES OUTSIDE IN THE PARKING LOT FOR VOLUNTEERS TO RETURN, OR, IN SOME INSTANCES, TAKING THEM HOME OR LEAVING THEM AT THE BUS STOP. PLEASE RETURN THE CARRIAGES TO THE HALL.

4. IF YOU OR ANYONE IN YOUR HOUSEHOLD IS 60+, PLEASE CHECK WITH THE REGISTRAR TO SEE IF YOU QUALIFY FOR AN EXTRA BOX OF FOOD UNDER THE CSFP (SENIOR BOX) PROGRAM.

5. IF YOU OR ANYONE IN YOUR HOUSEHOLD HAS DIET RESTRICTIONS, PLEASE INFORM THE REGISTRAR SO THAT WE CAN NOTE IT ON THE CHECK-IN SHEET. CURRENTLY, WE TRY TO OBTAIN AND SET ASIDE GLUTEN-FREE FOOD FOR OUR GUESTS WITH GLUTEN ALLERGIES.

- GLUTEN-FREE ITEMS CAN ONLY BE TAKEN BY A GUEST FOR SOMEONE IN THEIR IMMEDIATE HOUSEHOLD. THEY CANNOT BE TAKEN FOR SOMEONE IN ANOTHER HOUSEHOLD, EVEN IF THE GUEST IS PICKING UP FOOD FOR THEM. PEOPLE WHO REQUIRE GLUTEN-FREE FOOD ARE WELCOME TO COME TO THE PANTRY THEMSELVES.

6. WE ARE CONTINUING TO USE THE 'MENU' FORM TO ORDER FOOD. PLEASE FILL IT OUT AND HAND IT TO THE REGISTRAR WHEN YOU CHECK IN. YOU MAY THEN PROCEED TO THE REMAINING STATIONS (MEAT, DAIRY, PRODUCE, BREAD, ETC.)

7. PLEASE BRING BAGS FOR YOUR GROCERIES. WE DO HAVE SOME BAGS AVAILABLE IF YOU FORGET YOURS, BUT WE ENCOURAGE YOU TO BRING YOUR OWN.

BY ADHERING TO THESE DIRECTIONS, WE HOPE TO MAKE THE PROCESS EASY AND COMFORTABLE FOR ALL (AND LEAVE US TIME TO CHAT ABOUT THE IMPORTANT STUFF...)