

Ecumenical Food Pantry Questionnaire

Name: _____
Last First

Spouse's Name: _____ Is your spouse employed? Yes No

Address: _____

Home Phone #: _____ Cell #: _____

Are you currently employed? Yes No

If yes, where? _____

If no, please briefly explain why: _____

Please explain briefly why you are in need (lost job, sickness, etc.): _____

To receive food on your second visit, you must bring this questionnaire signed along with proof of Pike County residence. Examples of proof of residence include a driver's license or documentation with your name and address such as; a telephone or utility bill, bank statement, lease document, rent payment receipts, copy of money order for rent payment, letter from official government agency, or a letter from employer.

"I understand that the Ecumenical Food Pantry exists to assist any person in need through a specific period of time. By accessing help from this pantry, I affirm that my household genuinely needs food assistance."

Client's Signature: _____ Date: _____