



TOWN OF TEMPLETON

Food Pantry

Dianna Morrison, COA Director

Sue Lajoie, Elder & Family

Service Coordinator

16 Senior Dr
Baldwinville, MA 01436
DISTRIBUTION SITE
3 Elm St
Baldwinville, MA
978-894-2780
Fax 978-894-2798

FOOD PANTRY ASSISTANCE INTAKE

Should any of the information given be discovered to be false, the undersigned will **be denied services with just cause.** Due to the ever increasing demand in the area and the rising cost of food, we were forced to set new income guidelines. If you feel that you have extenuating circumstances please speak with either Sue Lajoie or Dianna Morrison for a waiver.

New Client Yes No Existing Client Yes No

Today's Date _____

First Name _____ Last Name _____

Type of ID

_____ Drivers License

_____ Birth Certificate

_____ Valid Passport

_____ Military ID

_____ School ID

_____ State ID

_____ Permanent Resident Card

Address _____ Town _____

Phone# _____ Zip _____

Type of Address Verification _____ Current piece of postmarked mail _____ Rental agreement _____

Total number of adults 18 - 59 in your household? _____

Total number of seniors over 60 + your household? _____

Total number of children under age of 18 in your household? _____

Name and Date of Birth for everyone living in your household, including yourself.

Name _____ DOB _____

How would you best describe your employment status? (Please circle all that apply)

Employed Unemployed Retired Disabled Student

Is this your first time receiving food this year? Yes No

Do you receive food from another program such as the Gardner CAC? Yes No

The income for the entire household must be reported. Failure to do so, could lead to your loss of participation in the program.

Name _____ Source of Income _____ Amount _____

Have you applied for SNAP? Yes No Do you receive SNAP? Yes No Did you bring your approval letter from SNAP with you today? _____ How much do you receive? _____

I hereby certify that the above information is true to the best of my knowledge and I authorize the Templeton Food Pantry to verify this information with any agency or individual listed. I have read the Templeton Food Pantry Rules and Regulations and understand them and will abide by the guidelines and policies of the Templeton Food Pantry. By signing below, I agree to these Rules and Regulations and understand that false information will result in the loss of privilege to use the Templeton Food Pantry.

Printed Name _____

Client Signature _____

Date _____