



THE OAK  
A NON-PROFIT ORGANIZATION

# Food Pantry Application

Client information (Informacion de clientes) Total in Family (Familia) \_\_\_\_\_

Date (Fecha): \_\_\_\_\_ Referred by (Referido por): \_\_\_\_\_

Name (Nombre): \_\_\_\_\_

Address (Direccion): \_\_\_\_\_ City, Zip \_\_\_\_\_

Date of Birth (Fecha de Nacimiento): \_\_\_\_\_ Age: \_\_\_\_\_ Driver's License: \_\_\_\_\_

Are You Employed? (Trabaja?) \_\_\_\_\_ Where? (Donde?) \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Spouse (Esposo): \_\_\_\_\_

Date of Birth (Fecha de Nacimiento): \_\_\_\_\_ Age: \_\_\_\_\_ Driver's License: \_\_\_\_\_

Spouse Employed (Esposo Trabaja?)? \_\_\_\_\_ Where (Donde?)? \_\_\_\_\_

Total Monthly Income (Salario) \$ \_\_\_\_\_ Rent (Renta) \$ \_\_\_\_\_ Utilities (Utilidades) \$ \_\_\_\_\_

Do you receive Food Stamps? :  Yes, \$ \_\_\_\_\_/Month  No

Do you receive WIC? :  Yes  No

Do your children receive free or reduced school lunch?  Yes  No

Do you have your high school diploma?  Yes  No

ALL children in the household (under 18 years of age)

Sex: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

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Sex: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

I agree that no product received from the Food Pantry will be sold, offered for sale, transferred, or bartered for money, other properties or services. I also agree to wait at least 7 days between visits to other food pantries. Failure to comply may result in termination of services.

Estoy de acuerdo que ningun producto recibido del la Food Pantry sera ofrecida de venta, transferido, or trocado por dinero, otras propeidades o servicios. Tambien estoy de acuerdo de esperar 7 días entre visitas a otras agencias de comidas.

Signature of Client (Firma de Cliente): \_\_\_\_\_

Interviewed by (Entrevistado por): \_\_\_\_\_

Picture ID \_\_\_\_\_ Proof of Residency \_\_\_\_\_