

G C C FOOD PANTRY AND THRIFT SHOP

Application for assistance at GCC Food Pantry

Date of Application: _____

NAME: _____ Date of Birth & Age _____
Last First Middle Initial

Veteran: Yes ___ No ___

MAILING ADDRESS: _____
Street / PO Box Town Zip Code

PHYSICAL ADDRESS: _____ How Long? _____
Street Town Zip Code

Type of picture ID _____ ID # _____

Proof of Residency Used _____

HOME PHONE: _____ CELL PHONE: _____

List other Adults:

Full Name _____ D.O.B.& Age _____ Relationship _____

Type of ID _____ ID # _____ Veteran? _____

Full Name _____ D.O.B.& Age _____ Relationship _____

Type of ID _____ ID # _____ Veteran? _____

Full Name _____ D.O.B.& Age _____ Relationship _____

Type of ID _____ ID # _____ Veteran? _____

List children's full name:

Full Name _____ Date of Birth & Age _____ Live-In: Yes ___ No ___

Full Name _____ Date of Birth & Age _____ Live-In: Yes ___ No ___

Full Name _____ Date of Birth & Age _____ Live-In: Yes ___ No ___

Full Name _____ Date of Birth & Age _____ Live-In: Yes ___ No ___

Full Name _____ Date of Birth & Age _____ Live-In: Yes ___ No ___

Full Name _____ Date of Birth & Age _____ Live-In: Yes ___ No ___

Do you receive assistance from any other agency or source? Yes ___ No ___

Do you need a referral? Yes ___ No ___

SPECIAL NUTRITIONAL NEEDS:

(Diabetic, High Blood Pressure, Low Salt, Gluten Free, Milk Allergy etc.)

*I hereby certify that the above information is true and accurate.
I understand that this food and/or clothing may not be sold or exchanged.*

Signature of Recipient _____ Date _____

*****DO NOT WRITE BELOW THIS LINE*****

RESIDENTIAL AND CHILD VERIFICATION USED:

FORM RECEIVED BY GCCFP VOLUNTEER:

Printed Name _____ Signature _____ Date _____