



St. Francis House Food Pantry Application

This institution is an equal opportunity provider.

Recipient Information

Family Name (last name of household): _____ **Date of service:** _____

Physical address: _____ **Phone number:** _____

City: _____ **State:** _____ **Zip:** _____ **Message number:** _____

Identification Number for Head of Household (State ID Drivers License Passport): _____

Household Information

Name (Head of Household #1)	Birth date MM/DD/YY	Gender M/F	Name	Birth date MM/DD/YY	Gender M/F
1.			5.		
2.			6.		
3.			7.		
4.			8.		

Members of Household _____ **Total household income before taxes/deductions?** _____ month year

Income Sources & Program Participation:(circle all that apply): ATAP APA Food Stamps Denali Kid Care
 Medicaid WIC Other Public Assistance Child Support /Alimony Permanent Fund Dividend Pension
 Section 8 housing Wages/Pay Social Security Benefits Workers Comp or Disability Other (specify): _____

Ethnicity (circle applicable): White Black/African American Hawaiian/Pacific Islander Asian Asian & White
 Alaska Native/American Indian Native & White Native & Black/African American Black African American & White
 Other Multi-Racial

Native Language: English American Sign Language French Hmong Inupiaq Korean Lao
 Russian Samoan Spanish Tagalog Thai Tongan Vietnamese Yup'ik Other

Disability: Y / N Temp. / Perm **Veteran:** Y / N Do you consider yourself **Hispanic?** Y / N

I certify the information indicated above is true and correct to the best of my knowledge.

I understand this information will be used in a confidential manner.

**Acknowledgement of receipt of Notice of Privacy Practices, Rights and Responsibilities,
 How to file a complaint.**

Signature: _____ **Date:** _____

For Agency Use Only:

ID copy _____ Rights & Responsibilities _____ ROI's _____ HIPPA _____

Entered into Database _____ Date: _____

