Interfaith Food Pantry
Serving Morris County

973-538-8049 •• www.mcifp.org

GROCERY ASSISTANCE PROGRAM APPLICATION

Please bring the following ***24 hour notice required for appointment cancellation.***

(1) ACCEPTABLE Proof of Address	**UNACCEPTABLE Proof of Address**
Utility bills – gas, electric, phone/cell, cable	Driver's License
Doctor Bills	Green Card
Pay Checks	Junk Mail or Advertisements
Rent Receipts	
Lease papers	
Letter from case worker (social services, unemployment, mental health)	
Letter from child's school	

(2) Must provide birth certificates for all children under 18 years of age.

(3) Acceptable Proof of ALL Income supporting household

Current paycheck stub or pay envelop showing total gross wages

Letter from employer stating gross wages or wages paid and frequency

If undocumented worker, or if being supported by another person, provide a letter explaining your income (does not need to be notarized)

Copy of documentation of alimony and/or child support

Copy of Social Security Administration award letter or benefit letter from welfare agency or Office of Temporary Assistance

Copy of bank statement showing direct deposited income

If no income and living off savings, provide a bank statement indicating available funds

If self-employed, business or farming documents (ledger books), last quarterly tax estimate, last year's income tax return

CLIENT NAME_____ _____ _____/_____/_____ _____ ___/___/____ _____
LAST FIRST SS # (IF ANY) AGE DOB OCCUPATION

CLIENT ADDRESS _____ _____ _____ _____ _____ _____ _____
STREET APT/FL/PO TOWN ZIP PHONE E-MAIL COUNTRY OF BIRTH

RACE_____ SEX____ MARITAL STATUS _____ NATIVE LANGUAGE_____ SPECIAL FOOD NEEDS (DIABETIC, ETC.) _____

(If someone else will be regularly picking up your food) SECOND NAME ON CARD _____ _____ ____/____/____
LAST FIRST SS # (IF ANY)

OTHER MEMBERS

PLEASE LIST *ONLY* OTHER MEMBERS OF APPLICANTS FAMILY LIVING AT SAME ADDRESS ***WHO ARE APPLYING FOR FOOD***

	FIRST	MI	LAST	RELATIONSHIP	AGE	DOB	OCCUPATION
1.							
2.							
3.							
4.							
5.							
6.							
7.							

TOTAL HOUSEHOLD GROSS *MONTHLY* INCOME - MUST INCLUDE INFO ON ALL LISTED ABOVE

	Salary	Unem-ployment	Social Security	SSI	SSD/Dis.	Pension	Child Supp/ Alimony	TANF [ ] GA [ ]	Food Stamps	Medi caid	Other	Explain other income
Applicant										Y / N		
1.										Y / N		
2.										Y / N		
3.										Y / N		
4.										Y / N		
5.										Y / N		
6.										Y / N		
7.										Y / N		
TOTAL										Y / N		

PLEASE ANSWER ALL THE FOLLOWING QUESTIONS

Do you rent apt. [ ] rent room [ ] own home [ ] live in a shelter [ ] Section 8 ( ) Public Housing ( ) other [ ] _____

What caused you to need food assistance? Recently lost job [ ] had work hours reduced [ ] no recent change but income does not cover expenses [ ] became disabled/seriously ill [ ] other [ ] please explain (**If you have any unusual expenses or circumstances that you would like to tell us about please do so here)** _____

_____

Are you in danger of losing your housing? No [ ] Yes [ ] If yes, why?_____

How did you hear about the Interfaith Food Pantry? _____

Church/Temple/Mosque attended (if any – information will not be shared) _____Town_____

MONTHLY EXPENSES

Please answer all questions - put none or "0" where appropriate.

Rent/Mortgage you pay yourself	$/Month	_____
Electric	$/Month	_____
Gas/Oil	$/Month	_____
Medical insurance	$/Month	_____
Other medical expenses	$/Month	_____
Car insurance	$/Month	_____
Car payment	$/Month	_____
Childcare	$/Month	_____
Payroll Taxes	$/Month	_____
Telephone	$/Month	_____
Cable	$/Month	_____

Make/Model and year of vehicle _____

Make/Model and year of vehicle _____

Other – List each and explain $_____ _____

$_____ _____

OTHER INFORMATION

Do you get rental assistance? Y N From? _____How much?_____

Do you get HEA assistance? (Heat) Y N

Do you get USF assistance? (Gas bill-electrical bill or both) Y N

Do you get Cooling assistance? (Medical Air condition) Y N

IN CASE OF EMERGENCY

Primary Contact _____ _____ _____
NAME RELATIONSHIP PHONE #

Secondary Contact _____ _____ _____
NAME RELATIONSHIP PHONE #

RELEASE FORM

I certify that all information I provided is true. I understand that I am authorizing the IFP staff to receive information from any agency listed on this form to verify my income and need . I further authorize them to release any information necessary to help them secure additional assistance for me or my family.

Client Signature_____ **Date**_____ **Interviewer**_____

Interviewer comments: _____

_____

IFP STAFF USE ONLY

Reviewer _____ Date _____ Status eligible [ ] pending [ ] ineligible [ ] Reapplication [ ] Updated app [ ]

If not eligible why? POI [ ] POA [ ] BC [ ] +inc [ ] not MC [ ] other _____

PU day assigned 1st Tu AM [ ] 1st Wed AM [ ] 1st Wed Eve [ ] 1st Th AM [ ] 1st Th PM [ ] 1st Sat [ ] Home Delivery [ ]
2nd Tu AM [ ] 2nd Wed AM [ ] 2nd Wed Eve [ ] 2nd Th AM [ ] 2nd Th PM [ ] 2nd Sat [ ] Disable [ ]Elderly [ ]
3rd Tu AM [ ] 3rd Wed AM [ ] 3rd Wed Eve [ ] 3rd Th AM [ ] 3rd Th PM [ ] 3rd Sat [ ] Ill [ ]No Transportation [ ]
4th Tu AM [ ] 4th Wed AM [ ] 4th Wed Eve [ ] 4th Th AM [ ] 4th Th PM [ ] 4th Sat [ ] Other [ ] Mental Health [ ]

Comments:_____

_____