



Supporting  
Stafford County:  
> Food Pantry  
> Utilities Help  
> Rx Assistance

SERVING CHILDREN AND FAMILIES SINCE 1979

# Food Pantry Application

## One per Household

For assistance, please complete and bring this form to SERVE at 15 Upton Lane, Stafford, VA 22554

|                   |               |        |
|-------------------|---------------|--------|
| Name:             | Today's Date: |        |
| Physical Address: |               |        |
| City:             | State:        | Zip:   |
| Phone:            |               | Email: |

### Household Demographics

List all members of the household, including yourself. All members must reside at the same address:

*Please indicate if member is Active Military (AM), Veteran (V), or Disabled (D)*

| Name | Date of Birth<br>(MM/DD/Year) | Sex<br>M/F | Relationship to<br>applicant | Ethnicity<br>(W, B, H, A,<br>PI) |
|------|-------------------------------|------------|------------------------------|----------------------------------|
|      |                               |            |                              |                                  |
|      |                               |            |                              |                                  |
|      |                               |            |                              |                                  |
|      |                               |            |                              |                                  |
|      |                               |            |                              |                                  |
|      |                               |            |                              |                                  |
|      |                               |            |                              |                                  |
|      |                               |            |                              |                                  |

**Dietary Restrictions** (circle all the apply): Diabetes   Peanut Allergy   Tree Nut Allergy   Dairy Allergy  
Egg Allergy   Soy Allergy   Wheat Allergy   Gluten Allergy   Seafood Allergy   No Pork   Vegetarian

**Pets** (number of each type): Dogs: \_\_\_\_\_ Cats: \_\_\_\_\_ Other: \_\_\_\_\_

**Number of Children in Diapers** (and size): \_\_\_\_\_

**Toiletry Products needed?**   Yes   No

**Stafford Emergency Relief through Volunteer Efforts**

15 Upton Lane, Stafford, VA 22554   (540) 288-9603   SERVE@SERVE-helps.org   www.SERVE-helps.org



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### Household Income and Eligible Benefits:

Monthly Household Income:

Annual Household Income:

Primary Income Source:

**Applicable Benefits** (circle all that apply): Medicaid    SNAP    SSI    SSDI    TANF    Vets Aid    WIC

**Commodity Supplemental Food Program (CSFP):** For those 60 years of age or older - qualification must be approved before receipt of CSFP specific food boxes. Please read and sign below:

This application is being completed in connection with the receipt of Federal assistance. Program officials may verify information on this form. I am aware that deliberate misrepresentation may subject me to prosecution under applicable State and Federal statutes. I am also aware that I may not receive both CSFP and WIC benefits simultaneously, and I may not receive CSFP benefits at more than one CSFP site at the same time. Furthermore, I am aware that the information provided may be shared with other organizations to detect and prevent dual participation. I have been advised of my rights and obligations under the program. I certify that the information I have provided for my eligibility determination is correct to the best of my knowledge.

Signature:

Printed Name:

Date:

### Application Certification and Release of Information:

I wish to receive any assistance to which I am legally entitled under SERVE programs in accordance with federal guidelines. I declare that I am the only person in this household who has applied for this assistance. I certify that all information on this form is correct. I understand that agencies involved may verify the information I have provided regarding income. My signature below gives permission for agency staff to verify my eligibility, and that false information or withholding information to make myself eligible may be considered fraud.

By signing below I also authorize SERVE to share my information through the Services Insights Initiative (SII) on the Link2Feed platform. This platform is used by the Fredericksburg Regional Food Bank to verify eligibility and track participation in Federal programs as applicable. I understand that I can make a formal request to the participating agency that I no longer participate in the SII.

Signature:

Printed Name:

Date:

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