HANOVER TOWNSHIP FOUNDATION

Hanover Township Foundation
Brian P. McGuire, Director/Township Supervisor
2017 FAMILY DATA SHEET

OFFICE USE:
FPN: _____
Total # of household members: ____
Incomplete data sheet ☐
Home Delivery ☐

Today's date: _____

Welcome to the Hanover Township Foundation Food Pantry. We are here to help you. Please fill out the below information so we may better serve you. Please print! Thank you.

Name of adult (18 or older) who will pick up food: _____
First name & Last name

State ID/License: _____Consulate Card Number: _____

Home Address: _____ _____ _____ _____
Street address Unit # City Zip

Email address: _____ (**Township use only**)Phone#_____

Please list the names of all the members of your household including yourself

Name	**Relationship**	**Date of Birth**	**Age**	**Gender** Male Female Unclassified	**Ethnicity** Caucasian/White African American/Black Asian/Pacific Islander Hispanic Multi-Racial/Other
	SELF	/ /			

So we may better serve you, please answer the below questions to help us collect data.

Do you receive LINK/SNAP benefits? Yes □ No □
Are you a Veteran? Yes □ No □ If so, what was your branch of service? _____ Is anyone in your household pregnant? Yes □ No □
How many children **under 5 years old** live in your household? _____
Do you receive W.I.C. services? Yes □ No □
How did you hear about us? Email □ Flyer □ Website □ Family/Friend □ Other □ _____

Thank you for your help in assessing needed services.

Applicant Statement: I certify that the information I have provided above is an accurate and complete Disclosure of the requested information. I authorize this agency to verify the above information and to contact sources for verification or additional information and to exchange information contained in or otherwise used regarding my application. I understand that filling out this application does not guarantee that my household will receive assistance.

Food Pantry Cards or Incomplete Forms will only be held for 60 days.
After 60 days, a new application must be filled out.

Signature Date

OFFICE USE ONLY: In Township ☐ Utility Bill ☐ Valid ID ☐ Issued Card ☐

Missing: ID □ Utility □ Out of Township □ Employee initials: _____