NORTHFIELD TOWNSHIP
FOOD PANTRY

Photo ID and proof of residency are required for anyone over the age of 18. See page 2 for accepted forms of proof.

Applicant Name: ____

Address: ____

Email Address: ____

Phone Number: ____

Please circle any of the following programs your family currently participates in:

SNAP **TANF** **Medicaid** **WIC** **AABD**

Please list all members of your household:

Name	Birthdate	Relationship	*Race / Ethnicity (optional — check any)
______________________________ ID: EXP: POA: EXP:		**SELF**	☐ White ☐ Black/African American ☐ Asian ☐ Hispanic/Latino ☐ Native American ☐ Pacific Islander ☐ MENA ☐ Other ________________
______________________________ ID: EXP: POA: EXP:			☐ White ☐ Black/African American ☐ Asian ☐ Hispanic/Latino ☐ Native American ☐ Pacific Islander ☐ MENA ☐ Other ________________
______________________________ ID: EXP: POA: EXP:			☐ White ☐ Black/African American ☐ Asian ☐ Hispanic/Latino ☐ Native American ☐ Pacific Islander ☐ MENA ☐ Other ________________
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______________________________ ID: EXP: POA: EXP:			☐ White ☐ Black/African American ☐ Asian ☐ Hispanic/Latino ☐ Native American ☐ Pacific Islander ☐ MENA ☐ Other ________________

**Sharing race/ethnicity information is optional and does not affect your access to services.*

For Pantry Use Only

Date Received: ____ / ____ / ________Date Distributed: ____ / ____ / ________

Entered in VGA: ____ / ____ / ________Staff Initials: __________

Notes:

Acceptable Documentation

Valid Photo ID

A valid, government-issued photo ID that shows an address. The photo ID must match your proof of residency.

Proof of Residency

Any **ONE** of the following:

- Current lease agreement
- Utility bill issued within the last 60 days
- Paystub issued within the last 60 days
- Medicare or Medicaid statement
- IDHS award letter
- Social Security award letter

Applicant Certification

By signing this form, I certify that this household is experiencing food insecurity. I also understand that the Northfield Township Food Pantry reserves the right to require additional documentation to verify household size and residency. Individuals misrepresenting household information can be removed or suspended from any of the Food Pantry's services. I agree that any items received from the Northfield Township Food Pantry are for the sole use of my immediate household.

Applicant Signature: _____

Date of Signature: _____

For Everyone's Safety

We reserve the right to refuse service to anyone who:

- Verbally abuses staff, volunteers, or other clients
- Is intoxicated or otherwise under the influence
- Is smoking or vaping on the premises
- Exhibits aggressive or violent behavior
- Has weapons on their person

Data Disclosure

The Northfield Township Food Pantry collects race and ethnicity information from clients to better understand and improve diverse community needs. This is entirely optional, and providing this information does not affect a client's access to services. We value client privacy and choice.