

TEWKSBURY COMMUNITY PANTRY, INC.

999 Whipple Road, Tewksbury, MA 01876 – 978-858-2273 Like us on Facebook – Tewksbury Community Pantry

e-mail: info@tewksburypantry.org website: www.tewksburypantry.org

2023 Application for Food Assistance

TEWKSBURY RESIDENTS ONLY:

Date: _____

Requirements: Application must be filled out completely to be eligible for food assistance. Proof of address in the form of a current Bill and Photo ID (lic/mass ID) is REQUIRED when applying. Distribution is held the second Sunday, 9 am – 11, Monday, 7-8:00 pm and the following Saturday, 10 am -11 of each month, unless otherwise noted. Application renewals for all clients will take place annually in November. In order to receive a Thanksgiving Distribution, your information needs to be complete. The Tewksbury Pantry is here to provide food assistance to those in need.

Please list ALL members of the same address household (including yourself):

Name	Monthly Income*	Date of Birth	Sex	Relationship

*Monthly income for each household member to include employment, unemployment, workers compensation, disability, child support, social security, social security for dependents, supplemental security income, rent paid to you, welfare and veteran’s income.

Address: _____ Telephone # _____

e-Mail Address- used for special announcements/reminders: _____

Number in Household Adults (18-64) _____ Children (17 & under) _____ Seniors (65 & over) _____

Do you or any of the household members participate in the following programs?

Emergency Fuel Assistance: Yes ___ No ___ Food Stamps: Yes ___ Amount _____ No ___

WIC: Yes ___ No ___ Veterans Aid: Yes ___ Amount _____ No ___

The Tewksbury Community Pantry is a volunteer, non-profit organization and does not discriminate.

Notice: Tewksbury Community Pantry, Inc. is a non-profit entity acting as intermediary between multiple community donors and individuals/families seeking food assistance. We are not involved in the preparation or packaging of any food product. As a result, we disclaim all liability, which may result from the consumption of food, or use of any donated item provided. This disclaimer includes, but is not limited to any sickness, injury, or death that may result from the receipt of goods or food or consumption of contaminated food, spoiled food, or tainted food, or other injury or death caused by any donor to the pantry or pantry volunteer. I agree the food that I receive from the Pantry will used for my own consumption. I have read and agree to abide by the Code of Conduct.

Applicant Signature _____ Date _____

For Office Use Only: Pantry Verification Signature _____

____ Drivers License or ID ____ Utility Bill ____ Income Listed ____ Telephone #