TEWKSBURY COMMUNITY PANTRY, INC.
999 Whipple Road, Tewksbury, MA 01876 – 978-858-2273
e-mail: info@tewksburypantry.org website: www.tewksburypantry.org

2027 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 (Driver's License or MA ID) is REQUIRED when applying.
Distributions are typically held on the second Sunday 9–11am, Monday 7-8:00 pm and the following Saturday 10-11 am 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 #_____

EMail 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 with regard to race, national origin, age, sexual orientation, religion and physical or mental ability.

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 as a result of this application. 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 #

2027 Tewksbury Community Pantry Distribution Dates

978-858-2273 **www.tewksburypantry.org**

e-mail: **info@tewksburypantry.org**

Month	Sun 9 – 11	Mon 7 - 8:00 pm	Sat. 10 – 11
JAN	10	11	16
FEB	14	15	20
MAR	14	15	20
APR	11	12	17
MAY	**2**	**3**	**1**
JUN	13	14	19
JUL	11	12	17
AUG	8	9	14
SEPT	12	13	18
OCT	10	11	16
NOV	14	15	13
DEC	12	13	18

Thanksgiving box Sunday 11/21/27 10-12

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