NEW APPLICANT APPLICATION
“We are here to serve”

All NEW APPLICANT APPLICATIONS are processed every Wednesday between the hours of 10:00am to 12:30pm.

****WEDNESDAY ONLY unless you have an emergency referral on letterhead from DSS****

*Please fill this application out before you get to the site.

*Provide picture ID, proof of residence and income.

*All Applicants of Food and Nutrition are Eligible.

Second Harvest
FOOD BANK
of Metrolina

FEEDING AMERICA

4603 Lancaster Hwy. Monroe, NC 28112
(980) 269-1828
www.openarmsnc.org
openarmsoutreachctr@gmail.com
Open Arms Food Pantry
4603 Lancaster Hwy.
Monroe, NC 28112
(Between Plyer Mill Rd. & Griffith Rd. if you get to Roughedge you have gone too far)

General Information for Perspective Recipients

1. You don’t need to have a referral.
2. Make sure you have a pictured ID (proof of resident)
3. All new applications are processed on Wednesday’s unless you have an emergency referral from DSS on Letterhead.
4. Please make sure all questions on the application are filled out completely.
   (We are not a reporting agency all information received is only used to communicate with Second Harvest)
5. If you already have an EBT card please bring it. It could help with your qualifications.
6. Once you qualify you are entitled for a period of one year.
7. We would like for you to commit to pick-up for three months in a row.
8. After you qualify you will receive services for the current month and assigned an appointment for the next month.
9. If for some reason you don’t qualify you will receive services for the current month only.
10. The days for Pick-up: Tuesday or Thursday from 10:00 am-12:00pm Wednesday: Processing/ New Client pick-up, Emergencies.
11. Open Arms Food Pantry use the first come first served process, however we try to make sure all recipients are served.
Second Harvest Food Waiver

All clients have been pre-approved by the NC guidelines for USDA Food Assistance.

I, ________________________________, acknowledge the food I received was free of charge.

________________________________________
Signature

________________________________________
Date
# Food Pantry Client Information Form

<table>
<thead>
<tr>
<th>Head of Household: PRINT</th>
<th>Last 4 digits of Social Security #:</th>
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</thead>
<tbody>
<tr>
<td>Birth Date:</td>
<td>Sex (circle one) Male Female</td>
</tr>
<tr>
<td>Address:</td>
<td>City:</td>
</tr>
<tr>
<td>State:</td>
<td>Zip Code:</td>
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<tr>
<td>Alternate Phone:</td>
<td>Marital Status: Married Single Widowed Divorced</td>
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</tbody>
</table>

Please list all other people living in the household

<table>
<thead>
<tr>
<th>Name: (First &amp; Last) PRINT</th>
<th>Birthdate</th>
<th>Last 4 digits of SS#:</th>
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**Income: (130% Federal Poverty Guidelines)** Note: Income Eligibility is based on the USDA Guidelines. Please check the family size of the household and indicate if annual • monthly and weekly income is above or below stated family size

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Annual Income</th>
<th>Above or Below</th>
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<tbody>
<tr>
<td>One</td>
<td>14,937</td>
<td>Above Below</td>
</tr>
<tr>
<td>Two</td>
<td>20,163</td>
<td>Above Below</td>
</tr>
<tr>
<td>Three</td>
<td>25,389</td>
<td>Above Below</td>
</tr>
<tr>
<td>Four</td>
<td>30,615</td>
<td>Above Below</td>
</tr>
<tr>
<td>Five</td>
<td>35,841</td>
<td>Above Below</td>
</tr>
<tr>
<td>Six</td>
<td>41,068</td>
<td>Above Below</td>
</tr>
<tr>
<td>Seven</td>
<td>46,293</td>
<td>Above Below</td>
</tr>
<tr>
<td>Eight</td>
<td>51,519</td>
<td>Above Below</td>
</tr>
</tbody>
</table>

**Other Assistance**: Please check types of assistance you or anyone in the household receives. Note: All information provided is for statistics in grant writing purposes in showing need of our clients and our pantry need for funding.

Snap Benefits (Food Stamps)  Free/Reduced School Lunch Program
Social Security/Disability  WIC (Women, Infants, & Children)
Unemployment  Using 2 or more food pantries/month
Open Arms Food Pantry Income Application  
4603 Lancaster Hwy. Monroe NC 28112

I am applying to be an eligible recipient to receive OACO commodities

A. I receive Food & Nutrition Services: _____Yes My case# is _________________
   ______No

B. My household's gross income is $_______________ monthly
C. The number in my household is ________________persons.
D. The following persons are authorized to pick up my food:

1. __________________________________________________________________________

2. __________________________________________________________________________

Name of Applicate: ____________________ Phone Number: ______________________

Address: __________________________________________________________

In accordance with the Federal law and USDA policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age, or disability. (Not all Prohibited bases apply to all programs) To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider.

FOR OFFICE USE ONLY:

1. Certification: What eligibility documentation was viewed? ______________________
   _______Approved for months of________________ through________________
   _______Not Approved

Certifying Official_________________________________________________________

2. Distribution _______________________________________________________

3. Issued by: ______________________ Date: ___________________________

IMPORTANT-READ THIS STATEMENT BEFORE SIGNING FOR FOOD(S):

I understand that any misrepresentation of need, sale, or misuse of the foods I have received is prohibited and could result in a fine, imprisonment or both. (Sec. 211E, PL 96-494 and Sec. 4C, PL 93-86 as amended.

Signature of Recipient: ______________________________________________________
Household Demographics

Name: _____________________________________________

Address: __________________________________________

Phone Number: _____________________________________

How many people are in your household counting self? __________

What are their age groups: 0-18: _____
                          19-64: _____
                          65+: _______

What is your household’s ethnic groups? (Check all that apply)
                          _____White American, _____Black or African American,
                          _____Native American     _____Asian American,
                          _____Hispanic or Latino   _____Other

Are you a Veteran?   Yes____  No_____