

NEW APPLICANT APPLICATION

"We are here to serve"



All NEW APPLICANT APPLICATIONS are processed every Wednesday between the hours of 11:00am 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



For Office Use Only: Photo ID _____ SS _____
 Proof of Residence DOB _____ Income _____

Food Pantry Client Information Form		
Head of Household: PRINT		Last 4 digits of Social Security #:
Birth Date:	Sex (circle one) Male Female	
Address:		City:
State:	Zip Code:	Phone:
Alternate Phone:		Marital Status: Married _____ Single _____ Widowed _____ Divorced _____

Please list all other people living in the household

Name: (First & Last) PRINT	Birthdate	Last 4 digits of SS#:

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

Family Size	Annual Income	Above or Below
___ One	14,937	___ Above ___ Below
___ Two	20,163	___ Above ___ Below
___ Three	25,389	___ Above ___ Below
___ Four	30,615	___ Above ___ Below
___ Five	35,841	___ Above ___ Below
___ Six	41,068	___ Above ___ Below
___ Seven	46,293	___ Above ___ Below
___ Eight	51,519	___ Above ___ Below

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 _____