

First Lutheran Church
1701 19th Street
Parkersburg, WV 26101
304-428-6174

Cleared by United Way (Date) _____
Faxed to United Way (Date) _____
Order in FLC area? _____
Emergency _____ Partial _____

EMERGENCY FOOD PROGRAM – CLEARINGHOUSE FORM

Date: _____

Head/Household: _____
(Last Name) (First Name) (Middle Initial)

Applicant's Social Security No: _____ Spouse SS#: _____
(Last 4 digits) (Last 4 digits)

Wife's Maiden Name: _____
(Last Name) (First Name) (Middle Initial)

Present Address: _____
(Street) (City/State/Zip)

How long have you lived at your present address? _____

Rent: _____ Wk/Mo. HUD Assistance? Yes/No Utilities included? Yes/No
(Circle) (Circle) (Circle)

Previous Address: _____
(If you have moved in the past three(3) months.)

Telephone Number: _____ (Home) _____ (Cell)

Please list all others who are residing in your home:

Name	Age	Relationship
1.) _____		
2.) _____		
3.) _____		
4.) _____		

Sources of Income (Include SSI, Social Security, Veterans, Welfare, WIC, etc.):

1.) _____ Amount: _____
2.) _____ Amount: _____
3.) _____ Amount: _____

Do you receive food stamps? Yes/No (Circle) If yes, how much? _____

Normal date food stamps received? _____

If you do not receive food stamps, have you applied? Yes/ No (Circle) When? _____

Would you like information about food stamps? Yes/No (Circle)

Have you received help from any other church/agencies in the area? Yes/No (Circle) If yes, please list:

Name of Church/Agency	Type of help received:	Date Received:
1.) _____		
2.) _____		

Do you know what caused you to run short of food? Yes/No (Circle)

What is the cause? _____

Do you have some ideas on how to prevent it from happening next month? (i.e. change in shopping habits, place of purchases, etc?) _____

Are you aware of any food allergies? Yes/No (Circle) What is the allergy? _____

AGREEMENT: I affirm that this request is for a legitimate need, and that any food donated to me will be used on my table to feed myself and members of my family. I am willing to have this application "cross-checked" with other churches and organizations, including the United Way Alliance, CRI, DHHR, etc.

Signed: _____

REGULAR FOOD ORDER GIVEN WHICH INLCUED AVAILABLE ITEMS FROM MOUNTAINEER FOOD BANK.
