WEST DEERFIELD TOWNSHIP FOOD PANTRY

FOOD PANTRY MISSION: To assist our fellow Township residents in need-both temporary & ongoing by providing monthly, free of charge, basic food items, household cleaning items & personal hygiene products.

To sign up for the Food Pantry, you must complete the attached application and return with a Photo ID and proof of residency in the form of a utility bill and/or lease.

WHO QUALIFIES? Any Township resident in need.

WHO DETERMINES "NEED"? The Township Supervisor, Alyson Feiger, in a brief CONFIDENTIAL, in person meeting.

WHEN IS FOOD DISTRIBUTED? Food is available once a month for the following:

1st Wednesday of the month-SINGLE DAY

3rd Wednesday of the month-FAMILY DAY

Once you are signed up for the pantry, we will make a determination and add you to either the SINGLE or FAMILY DAY. You will receive a phone call/voice message a few days prior with the upcoming shopping date and a reminder to call the Township Office to schedule your shopping appointment time.

SINGLE/COUPLE/FAMILY

West Deerfield Township Food Pantry Application

Date: _____/_____/_____

Applicant Name: _____

Address: _____

City: _____

Phone: _____

E:mail: _____

Number of people in the household: _____

Household income for last 30 days: $_____

Names & Date of Birth for all household members:
(Children may be eligible for special programs throughout the year).

NAME:	DATE OF BIRTH:	
NAME:	DATE OF BIRTH:	
CHILD NAME:	DATE OF BIRTH:	AGE:
GRADE:	SCHOOL:	
CHILD NAME:	DATE OF BIRTH:	AGE:
GRADE:	SCHOOL:	
CHILD NAME:	DATE OF BIRTH:	AGE:
GRADE:	SCHOOL:	

SINGLE/COUPLE/FAMILY

CHILD NAME:	DATE OF BIRTH:	AGE:
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CHILD NAME:	DATE OF BIRTH:	AGE:
GRADE:	SCHOOL:	
CHILD NAME:	DATE OF BIRTH:	AGE:
GRADE:	SCHOOL:	

Our volunteers work hard to sort and date food items, though it's possible items may be distributed on occasion that may be expired.

"I understand that when I accept food and household items from the WDT Food Pantry that it is my responsibility to check for expiration dates and any possible food allergies"

X_____ _____/_____/_____

Client Signature Date

FOR OFFICE USE ONLY

_____ PROOF OF RESIDENCY: _____ PROOF OF HOUSEHOLD MEMBERS