



Scituate Food Pantry
 P. O. Box 120
 Scituate, MA 02066
 781-545-5827

Application for Assistance

The Scituate Food Pantry provides assistance to all Scituate residents who are in financial need. Evidence of residency and need will be required at time of initial application and on a periodic basis after acceptance. Some of the information requested below is necessary for the Pantry to remain eligible for aid from private and governmental agencies. No personal information will be shared with those or any other agency.

Primary Contact Information:

Name:	DOB: / /	Gender (M/F):
Address:	Marital Status:	Veteran? (Y/N):
Home Phone:	Cell Phone:	
Nationality/Race:	Email:	

Other Household Member Information:

Name	Relationship to Primary Contact	Date of Birth
		/ /
		/ /
		/ /
		/ /
		/ /
		/ /

If more members of household, list on back of sheet.

Proof of Scituate Residency:

- Driver's License
 Property Tax Statement
 Rental Agreement or Rent Receipt
 Other _____

Proof of Financial Need:

Eligible for (must provide evidence):
 Public Housing
 Medicaid
 SNAP - Food Stamps

Or, complete the following

Monthly Income		Monthly Expense	
Work Income:	\$	Rent/Mortgage:	\$
Social Security:	\$	All Utilities	\$
Pension/401(k):	\$	(Heat/Electric/Water/Phone/Cable)	
Other Income:	\$	Medical (inc. premiums)	\$
		Property/Car Insurance:	\$
		Other Expenses:	\$

(SEE OVER)

Food Voucher Program

The Scituate Food Pantry provides food vouchers that can be redeemed at The Village Food Market on Front Street. The voucher amount is based on the number of people in the household.

Voucher Rules:

- Vouchers are **NEVER** to be used to purchase alcohol or tobacco

- Violation of this will result in the loss of voucher privilege as follows:
 - 1st violation - loss for three (3) months
 - 2nd violation - loss for six (6) months
 - 3rd violation - permanent loss

I hereby certify that:

- the information I have provided in this application is true and accurate
- I have read and understand the voucher rules
- I am a legal resident of Scituate, and
- I need the assistance of the Scituate Food Pantry.

Signature_____Date_____

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