

# 2024 HUNT COUNTY SHARED MINISTRIES -FOOD APPLICATION

Date: \_\_\_/\_\_\_/\_\_\_

NAME: \_\_\_\_\_ SPOUSE/PARTNER \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT/LOT# \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

I WAS REFERRED TO HCSM BY: NAME/ORGANIZATION: \_\_\_\_\_

IS ANYONE IN THE HOME DEALING WITH SERIOUS EMOTIONAL OR MENTAL ILLNESS? \_\_\_\_\_

IS ANYONE IN THE HOME DEALING WITH SERIOUS PHYSICAL ILLNESS? \_\_\_\_\_ DISABLED? \_\_\_\_\_

IS ANYONE IN THE HOME A VETERAN? IF SO, WHO? \_\_\_\_\_

	NAMES OF PEOPLE LIVING IN HOME	RELATIONSHIP TO YOU	BIRTHDAY	INCOME SOURCE
1		(YOU)		
2				
3				
4				
5				
6				
7				
8				
9				
10				

LAST 5 OF SOCIAL SECURITY NUMBER

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-

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\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-

# of Senior Adults 60+  # of Adults 18-59  # of Children 0-17

I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO PROVIDE ADEQUATE AND ACCURATE DOCUMENTATION OF NEED. I FURTHER UNDERSTAND THAT MY FAILURE TO PROVIDE ANY REQUIRED DOCUMENTATION OR GIVING OF FALSE INFORMATION MAY CAUSE DENIED ASSISTANCE. THE INFORMATION PROVIDED TO HUNT COUNTY SHARED MINISTRIES IS ACCURATE TO THE BEST OF MY KNOWLEDGE. I GIVE PERMISSION FOR ASSISTING AGENCIES TO EXCHANGE INFORMATION REGARDING MY FINANCIAL, MEDICAL, FAMILY, AND PERSONAL CIRCUMSTANCES WITH HUNT COUNTY SHARED MINISTRIES.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PROVIDE I.D., SNAP LETTER, UTILITY BILL

Driver's License or Passport  Current Utility Bill

SNAP Letter SNAP Exp Date: \_\_\_\_\_ SNAP Load Day: \_\_\_\_\_

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DATE: \_\_\_\_\_ INTERVIEWER: \_\_\_\_\_

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DATE: \_\_\_\_\_ INTERVIEWER: \_\_\_\_\_

DATE: \_\_\_\_\_ INTERVIEWER: \_\_\_\_\_