



FOOD ASSISTANCE APPLICATION

Please use an ink pen and print clearly

Today's Date: _____

Applicant's Name: _____

Date of Birth: _____ Age: _____ Last 4# of SSN: _____

Is the Applicant a Senior Citizen? _____

Current contact information is necessary should a food recall issued. We will notify you as soon as we receive the recall information.

Primary Phone Number: _____ Email Address: _____

Applicant's Mailing Address: *(Proof of address must be presented)*

City: _____ State: _____ Zip: _____

Spouse Name: _____

Please list everyone who currently resides with the Applicant:

Name	Date of Birth	Age	Last 4# of SSN

Source of Income: Social Security: _____ Food Stamps: _____ Disability: _____

Office Use Only: Proof of Address: Yes or No		
Date of 1 st Visit: _____	2 nd Visit: _____	3 rd Visit: _____
Notes: _____		



138 W. Main St.

Fordland, MO 65652

(417) 379-6460