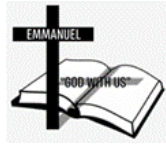


# Church & Community Ministries

## Application for Food Assistance in Shelby County



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

Name:

\_\_\_\_\_

Last

\_\_\_\_\_

First

\_\_\_\_\_

Middle

Physical Address: \_\_\_\_\_

**(No PO Boxes)**      City                      State                      Zip

Mailing Address (if different from above): \_\_\_\_\_

Email Address; \_\_\_\_\_

Mobile # \_\_\_\_\_ Other: \_\_\_\_\_

Marital Status: \_\_\_\_ Single \_\_\_\_ Married \_\_\_\_ Divorced \_\_\_\_ Separated \_\_\_\_ Widowed

Race: \_\_\_\_ Black \_\_\_\_ Hispanic \_\_\_\_ Caucasian \_\_\_\_ Other

Church Affiliation: \_\_\_\_\_

Number of household members ( including yourself) between the ages of:

\_\_\_\_\_ 0-18      \_\_\_\_\_ 19-59      \_\_\_\_\_ 60 or above [See Back page.](#)

Do you have a referral? \_\_\_\_\_ If so from whom: \_\_\_\_\_

[Check if applicable:](#)

Do you receive food stamps? \_\_\_\_\_ If not, have you ever applied? \_\_\_\_\_

Date applied: \_\_\_\_\_

Health care coverage: \_\_\_\_\_ Insurance: \_\_\_\_\_ Medicare: \_\_\_\_\_ Medicaid:

\_\_\_\_\_ CHIP (All Kids): \_\_\_\_\_ Other: \_\_\_\_\_ None:

Have you received assistance from another church, ministry, or agency within the last three months? \_\_\_\_\_ If yes, from whom? \_\_\_\_\_

[See Back side](#)

**Name of the people living in the household:**

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**Any Prayer requests:**