**Tuesday & Thursday 11:00- a.m – 1:00 p.m.**

YOU MUST PROVIDE THE FOLLOWING VERIFICATION WITH APPLICATION

* Oneida Nation Enrollment – at least one enrolled member in household
* Proof of Residency in Brown or Outagamie County dated within last 30 days
(Information only – will not disqualify for pantry)
* Proof of all household income for the last 30 days (earned or unearned)
(Information only – will not disqualify for pantry)

**The Oneida Emergency Food Pantry is a supplemental source of assistance and is not intended to be the sole source nor ongoing source of food for a household.**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_ County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enrollment # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Do you currently receive Foodshare (food stamps)? 🞏 Yes 🞏 No
If yes, day of month you receive is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Do you currently receive Commodities? 🞏 Yes 🞏 No

**Reason that brought you to Pantry? (Must be more than just food/in need of food) What is your Circumstance?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LIST OF ALL OTHER MEMBERS OF THE HOUSEHOLD:**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name | Relationship | **Date of Birth** | Enrolled/Tribe |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Source of Income | Amount | How Often |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Agreement

I understand the information I have provided on this application may be shared with other agencies or programs which could assist me further. I further waive my rights to confidentiality should I choose to take my request to management levels above the program’s administrative structure.

I consent to release any and all information necessary for the determination of benefits to be made on my behalf and understand this release may include information regarding income, salary, benefits and/or disability.

The information I have provided on this application is true and accurate to the best of my knowledge and I understand that providing false statements or withholding information will be grounds for suspension of the Oneida Emergency Food Pantry.

LIABILITY WAIVER: I **WILL NOT** hold Oneida’s Emergency Food Pantry or their agents or representatives responsible for damages or liabilities incurred as a result of the items or products given to me as a donation. All food and/or items are given to me **“as is”** with any and all faults and/or defects as a donation. I understand that the final judgment of quality or suitability for use is with the **person accepting the donation**. This food and/or items are distributed as a donation for personal use only and are **NOT TO BE SOLD UNDER ANY CONDITION.** I am 18 years of age or older. Donation is non-refundable.

I acknowledge that I have received information on other food pantries in the surrounding areas.

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Applicant Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Staff Signature Date