

Western Wake Crisis Ministry Client Information Form

Please Print Legibility

Name: _____ Total # in Household: _____

Physical Street Address: _____ APT# _____

City: _____ State: _____ Zip Code: _____ County: _____

Mailing Address (if Different): _____

Home Phone: _____ Cell Phone: _____ Email: _____

Gender: _____ Education: _____ DOB: ___/___/___

Nationality/Race: _____ Marital status: _____

Are you disabled: Y/N Do you receive Disability Benefits: Y/N

Emergency Contact Information:

Name: _____ Relationship: _____ Phone#: _____

Preferred Language: _____ Preferred Communication: Text, Home Phone, email, Do not contact, other: _____ How did you hear about WWCM: _____

Monthly Income from everyone in the household: \$ _____ Is this Before taxes: Y/N

Estimated Food Stamps/SNAP/EBT Amount: \$ _____

Others living at the address:

1. Name: _____ Date of Birth: ___/___/___

Relationship: _____ Gender: _____ Disabled: Y/N Received Benefits: Y/N

2. Name: _____ Date of Birth: ___/___/___

Relationship: _____ Gender: _____ Disabled: Y/N Received Benefits: Y/N

3. Name: _____ Date of Birth: ___/___/___

Relationship: _____ Gender: _____ Disabled: Y/N Received Benefits: Y/N

4. Name: _____ Date of Birth: ___/___/___

Relationship: _____ Gender: _____ Disabled: Y/N Received Benefits: Y/N

5. Name: _____ Date of Birth: ___/___/___

Relationship: _____ Gender: _____ Disabled: Y/N Received Benefits: Y/N

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Please use space below for additional family Members

Name: _____ Date of Birth: ____/____/____

Relationship: _____ Gender: _____ Disabled: Y/N Received Benefits: Y/N

Name: _____ Date of Birth: ____/____/____

Relationship: _____ Gender: _____ Disabled: Y/N Received Benefits: Y/N

Name: _____ Date of Birth: ____/____/____

Relationship: _____ Gender: _____ Disabled: Y/N Received Benefits: Y/N

Western Wake Crisis Ministry Rules & Regulations:

1. You will need a picture ID AND a copy of your household utility bill or lease/mortgage statement to shop at Western Wake Crisis Ministry. You may shop once every 30 days.
2. Please wait in the reception area until you are called to the food pantry or triage.
3. You may choose any item from the lobby. Please take only what you can use and be respectful of others in need.
4. Only 1 person from the household in the food pantry.
5. When you are called, you will go to the pantry with a WWCM volunteer to make your selections. The volunteer will point out the number of items you may choose from each category. The number of items may vary based on availability.
6. Please do not use a cell phone while shopping.
7. Please return the shopping carts to the lobby.

I have read and I understand the Western Wake Crisis Ministry rules and regulations.

Signature: _____