



Western Wake Crisis Ministry
Client Information Form

Name: _____ Total living in household: _____

Street Address: _____ Apt #: _____

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

Mailing Address (If Different): _____

Home #: _____ Cell #: _____ Email: _____

Gender: _____ Education: _____ D.O.B.: _____

Nationality: _____ Marital Status: _____

Are you disabled? _____ Do you receive disability benefits? _____

Preferred Language: _____ Preferred Communication: _____

How did you hear about WWCM? _____

Monthly income of all residents in household: _____ After taxes? _____

Food Stamps/SNAP/EBT Amount: _____ Military Service? _____

Emergency Contact:

Name: _____ Relationship: _____ Phone #: _____

Others living in this household:

1. Name: _____ D.O.B. _____ Relationship: _____

Gender: _____ Disabled? _____ Disability Benefits? _____ Military Service _____

2. Name: _____ D.O.B. _____ Relationship: _____

Gender: _____ Disabled? _____ Disability Benefits? _____ Military Service _____

3. Name: _____ D.O.B. _____ Relationship: _____

Gender: _____ Disabled? _____ Disability Benefits? _____ Military Service _____



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4. Name: _____ D.O.B. _____ Relationship: _____

Gender: _____ Disabled? _____ Disability Benefits? _____ Military Service _____

5. Name: _____ D.O.B. _____ Relationship: _____

Gender: _____ Disabled? _____ Disability Benefits? _____ Military Service _____

Rules & Regulations for Food Pantry:

1. Please provide proof of residency- this can be an ID or a current bill with your address on it to shop at Western Wake Crisis Ministry. Our service area consists of Apex, Fuquay-Varina, Holly Springs, Willow Springs, Friendship and New Hill. You may shop once every 30 days.
2. Please wait in your vehicle until you are approached by one of our volunteers.
3. Please wear a face mask. If you need a face mask, please let one of our volunteers know.
4. You may choose any item from the open air market. Please take only what you need and be respectful of others.
5. Only 1 person from the household in the open air market.

I have read and I understand the Western Wake Crisis Ministry Food Pantry Rules and Regulations.

Signature: _____ Date: _____