



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 Received: _____ D.O.B.: _____

Nationality/Race: _____ Marital Status: _____

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

Any military service? _____

Emergency Contact Information:

Name: _____ Relationship: _____ Phone #: _____

How did you hear about WWCM?: _____ Preferred Communication: _____

Preferred Language? _____

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

Food Stamps/SNAP/EBT Amount: _____

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 _____

Notice to applicant

By signing this form, I give WWCM permission to contact any party we deem necessary to make a responsible decision regarding my request. We will do our absolute best to maintain your privacy. I understand that WWCM is not able to guarantee complete confidentiality primarily due to the large number of volunteers and visitors inside the agency. My signature below this form indicates that all the information I have provided to WWCM is truthful to the best of my knowledge. I understand if I have given false information or not fully disclosed my circumstances that I may not be able to receive current or future assistance from WWCM.

Rules & Regulations for Food Pantry:

1. If it is your first time visiting, 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. For curbside appointments, 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. If you have an in-person shopping appointment, please come up to our entryway with a face mask and your vaccination card or negative COVID test received within the last 72 hrs.
6. Please, only one person can come in to do the shopping. A volunteer will come up to you and help check you in along with explaining the process for in-person shopping.

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

Signature: _____ Date: _____