



WWCM Client Information

Personal Information

Name: _____ Total living in household: _____

Physical Street Address: _____ Apt. #: _____

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

Mailing Address (if different from above): _____

Home #: _____ Cell #: _____ Email: _____

Gender: _____ Nationality/Race: _____ D.OB.: _____

Marital Status: _____ Education Received: _____ Preferred Language: _____

Are you disabled?: _____ Do you receive disability benefits?: _____ Any military service?: _____

Household Information

Monthly income of all residents in household: _____ Rent/Own Home: _____

Food Stamps/SNAP/EBT Amount: _____

Others living in the household:

1. Name: _____ Relationship: _____

DOB: _____ Gender: _____ Nationality/Race: _____

Disabled: _____ Disability Benefits: _____ Military Service: _____

2. Name: _____ Relationship: _____

DOB: _____ Gender: _____ Nationality/Race: _____

Disabled: _____ Disability Benefits: _____ Military Service: _____



3. Name: _____ Relationship: _____

DOB: _____ Gender: _____ Nationality/Race: _____

Disabled: _____ Disability Benefits: _____ Military Service: _____

4. Name: _____ Relationship: _____

DOB: _____ Gender: _____ Nationality/Race: _____

Disabled: _____ Disability Benefits: _____ Military Service: _____

5. Name: _____ Relationship: _____

DOB: _____ Gender: _____ Nationality/Race: _____

Disabled: _____ Disability Benefits: _____ Military Service: _____

Emergency Contact Information

Name: _____ Relationship: _____ Phone #: _____

Other

How did you hear about WWCM?: _____

Preferred Communication (phone, email, text): _____

Notice to applicant

By signing this form, I give WWCM permission to contact any party WWCM deems necessary to make a responsible decision regarding my request. WWCM will do its 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. Our service area consists of Apex, Fuquay-Varina, Holly Springs, Willow Spring, Friendship and New Hill.
2. You **MUST** bring a picture ID AND a copy of your household utility bill or lease/mortgage statement **to every visit.**
3. You may visit the pantry **once** every **30 days.**
4. If you have an in-person shopping appointment 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.
5. Only 1 person from the household can shop in the pantry.
6. In-person shopping appointments are limited to 20 minutes.
7. Due to time constraints, if you are 15 minutes or more late for your in-person appointment it will be cancelled, and we will provide you with curbside groceries.
8. If you are unable to make it to your appointment, please call as soon as possible. No-show and no-calls will be given curbside groceries on the next visit.
9. Please do not use a cell phone while shopping.
10. If you do not have an appointment, we will provide you with curbside groceries.

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

Signature: _____

Printed Name: _____