

Grayson County Alliance Food Pantry Application



2203 Brandenburg Road
Leitchfield, KY 42754
270-259-4000
Services by Appointment ONLY



First Name * **Last Name*** **Date of Birth (MM-DD-YYYY)***

Address **Apt#**
City **State** **KY** **Zip** **County** **GRAYSON**

Phone Number (xxx-xxx-xxxx) **Gender**
Male Female Unknown Other

Ethnicity: Caucasian/white African American/Black Asian
 Middle Eastern Native Alaskan Native American Native Hawaiian Pacific Islander
 Hispanic, Latino or Spanish Other Multi-Racial

Education: College Highschool/GED Highschool-Incomplete Other _____ (current grade)

Employment: Full Time Part-Time Unemployed Retired Disabled Other

Government Benefits (Check all that Apply)

Food Stamps Medicaid Medicare Social Security Veterans Benefits WIC

Other Check all that apply): At risk of being Homeless Disabled Homeless

Household Dietary Factors (check all that apply):

Lactose Intolerance Gluten Free Diabetes Low Sodium Kosher Halal

Military Active Duty Discharged Reserves Retired None

Gross Monthly Income* Source of Income

Are you receiving SNAP (food stamps) Yes No I Need Assistance with SNAP Application

Total Number of Household Members*

Total Number of Children (18-Under)*

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Please Fill this out for each person in your household

First Name

Last Name

Date Of Birth (MM-DD-YYYY)

Gender

Male Female Other

Ethnicity

Relationship to you

(Ex. Brother, Daughter Friend)

First Name

Last Name

Date Of Birth (MM-DD-YYYY)

Gender

Male Female Other

Ethnicity

Relationship to you

(Ex. Brother, Daughter Friend)

First Name

Last Name

Date Of Birth (MM-DD-YYYY)

Gender

Male Female Other

Ethnicity

Relationship to you

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Gender

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Ethnicity

Relationship to you

(Ex. Brother, Daughter Friend)

Authorized Representative (Someone who can pick up food for you)