**Food Share New Customer Form**

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Partner Site: Berkeley County Resource Center

Date:

First Name:

Last Name:

Address:

City:

State: SC

ZIP code:

Phone Number:

Email:

Do You Receive SNAP?

Yes

No

Do you receive Medicaid?

Yes

No

Do we have permission to contact you? You will receive a confirmation text once your information has been entered into our system. If you do not have text message capabilities, you will receive a phone call or email.

Yes

No