

Application for Meal Assistance

86 HUNGER



To apply for assistance please complete all questions.

How did you learn about this program?

Date :

Full Name :

E-Mail :

Address :

Phone

Best Time for Delivery :

Morning

Afternoon

Evenings

:Pick Up

Spouse/Partner Name/s :

Children Name/s& Ages :

:

Household Size:

:

Household Income:

Questions :

1. Do you or anyone in your household receive Food Stamps?

Yes

No

2. Do you live in Wilmington, NC?

Yes

No

3. Will you share our weekly posts on social media & receive text messages?

Yes

No