

WESTBOROUGH FOOD PANTRY ENROLLMENT SHEET

To be eligible to receive food, *you must be a Westborough resident*. Please complete and return this form either in person or by mail to the Pantry, Westborough Food Pantry, PO Box 502, Westborough, MA 01581.

PLEASE PRINT IN ENGLISH

NAME _____ DATE OF BIRTH _____

STREET _____

APT. /UNIT NUMBER _____

TELEPHONE NO. _____ **Please print in English**

NAMES OF EVERYONE LIVING WITH YOU:

NAME	Male/Female	DATE OF BIRTH
1: _____		
2: _____		
3: _____		
4: _____		
5: _____		
6: _____		
7: _____		

DO YOU RECEIVE: FOOD STAMPS/SNAP: _____ SCHOOL LUNCH _____ WIC _____

DO YOU OR ANYONE IN YOUR HOUSEHOLD CURRENTLY RECEIVE:

EMPLOYMENT: YES _____ NO _____

UNEMPLOYMENT: YES _____ NO _____

SOCIAL SECURITY: YES _____ NO _____

TRANSITIONAL ASSISTANCE: YES _____ NO _____

OTHER INCOME: YES _____ NO _____

SIGNATURE: _____ DATE: _____