

## Request for North Kingstown Food Pantry Food Services

**Complete this form and bring it with your proof of North Kingstown residency and a photo ID to the Pantry at 445 School Street during our open hours.**

I am requesting FOOD for a total of \_\_\_\_\_ household members.

Head of Household: First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

D.O.B. \_\_\_\_\_ Gender: Male / Female Ethnicity \_\_\_\_\_  
Asian Black Hispanic Native AM White Other

Address: \_\_\_\_\_, Apt. # \_\_\_\_\_, N. Kingstown, RI 02852

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Photo ID # \_\_\_\_\_

Housing: RENT OWN HOMELESS OTHER

Total Combined Household Income: \$\_\_\_\_\_ per month

List All Other Household Members:

Name	Date of Birth	Ethnicity	Male / Female
_____	_____	Asian Black Hispanic Native AM White Other	M F
_____	_____	Asian Black Hispanic Native AM White Other	M F
_____	_____	Asian Black Hispanic Native AM White Other	M F
_____	_____	Asian Black Hispanic Native AM White Other	M F
_____	_____	Asian Black Hispanic Native AM White Other	M F
_____	_____	Asian Black Hispanic Native AM White Other	M F
_____	_____	Asian Black Hispanic Native AM White Other	M F

**Certification:** I certify that the information provided on this request is true, and I understand that providing false information will disqualify me from this program. I authorize the North Kingstown Food Pantry to give and receive specific information to or from other community and/or government agencies in order to best serve the needs of my household.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**For Office Use Only:**

Request rec'd by: \_\_\_\_\_ Date: \_\_\_\_\_

Proof of Residency rec'd: \_\_\_\_\_ Photo ID rec'd \_\_\_\_\_ **HH #** \_\_\_\_\_