



Reeder Memorial

Baptist Church

Food Pantry Application

Dear Food Pantry Applicant,

Per your request, a Food Pantry application is attached. Please fill out and sign the application. **After your application is completed, call the Food Pantry Voicemail at 704-802-9548 to set up your appointment.** Leave your name and number, and we will return your call to confirm your appointment.

Please bring these items to your first appointment:

- The completed and signed application
- If you have a valid Food Nutritional Services Card*
- If you have Identification*

Food Pantry Hours of Operation:

Mondays 10:00 am – 1:00pm

Tuesdays 10:00 am – 1:00pm

Thursdays 10:00 am – 1:00pm and 4:00pm – 6:30pm

Remember:

Do not mail the completed application back to us.

You are eligible to pick up every 60 days and we encourage you to make an appointment each time.

God Bless,

Tara S. Gibbs

Tara S. Gibbs
Administrative Secretary

E. G. Vaughn

Emma Vaughn
Church Administrator

Attachment



Food Pantry Hours of Operation:
Mondays, Tuesdays & Thursdays 10:00 am – 1:00pm
Thursdays 4:00 pm – 6:30pm

Phone: 704-802-9548

3725 Beatties Ford Road
Charlotte, NC 28216

How did you hear about our Food Pantry? _____

Today's Date _____ Your SSN (Last 4 digits) _____ Your Date of Birth _____

Full Name (print) _____ Phone _____

Address _____

City _____ Zip _____ County _____

Are there other adults in the household? (circle one) YES NO

*Additional Adult Name _____ Date of Birth _____

*Additional Adult Name _____ Date of Birth _____

How many children under the age of 18 live in your household? _____

Total number of persons in my household: _____

I receive Food & Nutrition Services/Food Stamps (circle one) YES NO

If YES, amount monthly \$ _____ .00

My household's gross income is: \$ _____ yearly monthly weekly (circle one)

Client's signature _____ Date _____

FOR OFFICE USE

Client falls at or below the income eligibility requirements listed below? ___yes ___no

Table with 4 columns: Household Size, Per Year, Per Month, Per Week. Rows include household sizes 1 through 8 and an 'Ea. Additional Member' row.



Los horas de operación de la dispensaría de alimentos:
Lunes, Marte & Jueves 10:00 am – 1:00pm
Jueves 4:00pm- 6:30pm

teléfono: 704-802-9548

3725 Beatties Ford Road
 Charlotte, NC 28216

Como se enteró e de la dispensaría de alimentos? _____

La Fecha _____ Numero social seguridad XXX-XX-_____ fecha de nacimiento _____

Nombre completo _____ Teléfono _____

Dirección _____

Ciudad _____ código postal _____ Condado _____

Cuantas personas en el hogar?: _____

*Nombre del adulto adicional _____ fecha de nacimiento _____

*Nombre del adulto adicional _____ fecha de nacimiento _____

Cuantos niños tienen menos de 18 años? _____

Recibo Food & Nutrition Services/Food Stamps (rodea uno) **Sí** **No**
 Sí, la suma \$ _____

El ingreso bruto de mi hogar es: \$ _____ anual mensual semanal (rodea uno)

Firma del cliente _____ Fecha _____

Sólo por uso de la oficina

Client falls at or below the income eligibility requirements listed below? yes no

Household Size	Per Year	Per Month	Per Week
1	\$17,820	\$1,485	\$343
2	\$24,030	\$2,520	\$463
3	\$30,240	\$3,038	\$582
4	\$36,450	\$3,555	\$701
5	\$42,660	\$4,073	\$821
6	\$48,870	\$5,112	\$940
7	\$55,095	\$4,592	\$1,060
8	\$61,335	\$5,112	\$1,180
Ea. Additional Member	\$6,240	\$520	\$120