Client Application

8493 Hwy 34 S | PO Box 492 | Quinlan, TX 75474 | (903) 356-6744
www.lasmfoodpantry.org

First Name | Last Name | Date of Birth | Last 5 Digits of SSN | Phone Number

Street Address | Email Address

Lot#/Apt# | City | Zip Code | County | Household Monthly Income

# of People in Household | Ages of ALL **Adults** in Household | Ages of ALL **Children** in Household

Check **ALL** That Apply

- ☐ **SNAP** — Supplemental Assistance Program
- ☐ **TANF** — Temporary Assistance for Families
- ☐ **SSI** — Supplemental Security Income
- ☐ **NSLP** — National School Lunch Program
- ☐ **MEDICAID** — Medicaid

I certify that: I am a member or a proxy of the household living at the address provided and that, on behalf of the household, I am applying for USDA foods that are distributed through the emergency food assistance program.

All information provided to the agency determining my household's eligibility is, to the best of my knowledge and belief, are true and correct. I acknowledge that I may be prosecuted for making false statements related to the information I have provided for this application. This institution is an equal opportunity provider.

Date | Signature

- ❤ LASM is open Monday, Tuesday, Wednesday & Friday (9am-Noon)
- ❤ **Hunt County Residents ONLY - Allowed 1 Visit per week**
- ❤ CSFP(PAN) Age 60+ - 1st Friday of Every Month 1-2pm
- ❤ Please return tote bags and boxes - We Recycyle!
- ❤ Follow us @lasmfoodpantry on FB

OFFICE USE ONLY

NOT in INTAKE **NOT in CC**

This household is deemed eligible by categorical, or income eligibility are certified for one year.

W B H A U