MOBILE FOOD PANTRY VOUCHER

AGENCY: WESTLAWN UMC BX0373

LAST NAME/ ***APELLIDO***_____

FIRST NAME/ ***NOMBRE***_____

People in household/ ***Numero de personas que viven en su casa***_____

Phone/ ***Telefono***_____

Date of Birth/ ***Fecha de Nacimiento***_____

Household income/ ***Ingresos en su hogar***_____week.(***Semana)/***month(***mes***)/ yearly

Ethnicity/ ***Desendencia etnica***_____

Address/***Direccion***_____

City/ ***Ciudad***_____

ZIP CODE/***Codigo postal***_____

Anyone permanent Disable/ ***Algun desabilidado permanente***__YES/ ***SI*** - NO

Anyone in home military/ ***Algun militar en el hogar***

AD_____Retired_____Reserv_____

Anyone in home enrolled in/ ***Alguno en casa esta registrado en:***

SNAP_____WIC_____CHIP_____

May we assist you in applying for/ ***Podemos ayudarle a que aplique*** :

SNAP_____WIC_____CHIP_____

MEDICAID_____TNAF_____OR LONG TERM CARE_____

PLEASE WRITE THE NUMERO OF PERSONS IN HOME/ ***POR FAVOR ESCRIBA EL NUMERO DE PERSONAS EN CASA:_____***

PERSONS IN HOME 0-5 YEARS OLD_____ # Males/ ***Numero de hombres***_____

PERSONS IN HOME 6-18 YEARS OLD_____ # Females/***Numero de mujeres***_____

PERSONS IN HOME 19-40 YEARS OLD_____ # Military/ ***Numero de Militares***_____

PERSONS IN HOME 41-59 YEARS OLD_____

PERSONS IN HOME 60+ YEARS OLD_____

LA COMIDA SE LEVANTARA EN WESTLAWN UMC

MARCH 9, 2019 - 122 S. SAN MANUEL 78237

Food can be picked up on *Westlawn UMC at MARCH 9, 2019 –10:00 AM*, 122 S. SAN MANUEL, 78237

MOBILE FOOD PANTRY

WESTLAWN UMC 122 S. SAN MANUEL. SAN ANTONIO TX 78237

- I AGREE TO PROVIDE TRUE AND ACCURATE INTAKE INFORMATION TO AGENCY STAFF.
- I AGREE TP USE PRODUCT GIVEN TO ME AND MY FAMILY FOR PERSONAL CONSUPTION.
- I WILL NOT TRADE, SELL OR EXCAHNGE PRODUCT FOR MONEY OR ANY TIPE OF SERVICE.
- *YO ESTOY DE ACUERDO EN PROVEER INFORMACCION VERDADERA Y ACTUALIZADA EN EL CUESTIONARIO DE LA AGENCIA*
- *ESTOY DE ACUERDO QUE USARE EL PRODUCTO QUE SE ME DA PARA EL CONSUMO DE MI PERSONA Y MI FAMILIA.*
- *YO NO NEGOCIARE, O VENDERE O INTERCAMBIARE EL PRODUCTO QUE RECIBO POR DINERO O POR ALGUN TIPO DE SERVICIO.*

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*FIRMA DEL CLIENTE/ CLIENT SIGNATURE*_____

*AGENCY STAFF SIGNATURE*_____

*DATE OF DISTRIBUTION:*_____