



# I Matter Pantry

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone number: \_\_\_\_\_

Number of people in the household: \_\_\_\_\_

Number of children under 18: \_\_\_\_\_

**Office use only:**

Monthly Food Allowance \$ \_\_\_\_\_

Date for every month visit: \_\_\_\_\_

I Matter Counseling &  
Empowerment Services, Inc

4429 State Rd, #22  
Cleveland, Oh 44109

**Every Tuesday 10 am- 2 pm**

\*Please bring ID and Proof of  
Residence.

**\*Maximum (1) Visit per Month**

**\*\*PER HOUSEHOLD\*\***

**Appointment Preferred**

Call or Text: India

440.340.8772