Moore Norman Technology Center – Food Pantry Intake Application

	nformation (Please Pri						
	can be turned in to progra tions or assistance complet			in the Hea	lth building. Please see your		
First & Last Name:					Date of Birth:		
Home Address:					Apt #:		
City:		State:	_ Zip:	_ County			
Phone Number:			Homeless: 🗌 Y	es	□ No		
	oresentative (if applicable to pick up food on behalf of						
Gender Identity:	🗌 Female 🔲 Male 🔲 Transgender 🔲 Do not identify as female, male, or transgender						
Race or Ethnicity:	🗌 White 🔲 Hispanic, Latino, or Spanish 🔲 Black or African American 🔲 Asian						
	🗌 American Indian or Alaska Native 🔲 Middle Eastern or North African						
	🗌 Native Hawaiian or other Pacific Islander 🔲 Other						
	Prefer not to answer						
Marital Status:	🗌 Single 🔲 Married 🔲 Divorced 🗌 Widowed 🗌 Domestic Partner						
Military Status:	🗌 Active Duty 🔲 Retired 🔲 Reservist 🔲 Veteran						
Employment:	Employed Full-Time Employed Part-Time Working Multiple Jobs Self-Employed Retired Disabled Unemployed						
Government Benefits:	🗌 Disability 🔲 Social Security (SSI) 🔲 Medicare/Medicaid 🔲 SNAP (food stamps) 🔲 WIC						

Members of Household Information (Please Print):

Please list each resident for the household address listed above:

First Name	Last Name	Date of Birth (Format: XX/XX/XXXX)	Gender Identity	Race or Ethnicity	Relationship* to Head of Household

*Relationship Options: Spouse, Partner, Roommate, Sibling, In-Law, Parent, Aunt/Uncle, Child, Cousin, Grandchild, Grandparent, Niece/Nephew

Head of Household Signature: _____ Date: _____



Notice to Clients:

The MNTC Food Pantry is a community-based partner agency of the Regional Food Bank of Oklahoma, and as such has agreed to follow the policies and procedures regarding distribution of goods.

Therefore, the MNTC Food Pantry cannot:

- Charge a fee or accept monetary donations for food and non-food items you receive.
- Require you to provide your social security number.
- Require you to provide a service, attend or participate in a religious event, or join any part of this organization as a condition of receiving food.
- Refuse assistance to you based on race, color, citizenship, religion, sex, national origin, ancestry, age, marital status, disability, sexual orientation including gender identity, unfavorable discharge from the military or status as a protected veteran, or political affiliation.
- Provide preferential treatment to their staff, church member, and/or volunteers. Everyone receiving assistance from the food pantry must meet the same criteria as set forth by the agency.

Participant Agreement, Rights, and Obligations:

- I have read this form, or the form has been read to me.
- I certify that the information I have provided for eligibility determination is correct to the best of my knowledge, and that I am currently enrolled as a student at MNTC, or employed by the agency.
- I understand that the food provided by this program is intended for the members of the eligible household.
- I understand that I must not sell food and nonfood items.
- I understand that student records regarding pantry services will be kept confidential by MNTC staff and staff volunteers.

Client Signature:	Date:
MNTC Staff receiving application:	Date: