

2025 HUNT COUNTY SHARED MINISTRIES -FOOD APPLICATION

Date: ___/___/___

NAME: _____ SPOUSE/PARTNER _____

ADDRESS: _____ APT/LOT# _____ CITY: _____ ZIP _____

PHONE: _____ EMAIL: _____

I WAS REFERRED TO HCSM BY: NAME/ORGANIZATION: _____

IS ANYONE IN THE HOME DEALING WITH SERIOUS EMOTIONAL OR MENTAL ILLNESS? _____

IS ANYONE IN THE HOME DEALING WITH SERIOUS PHYSICAL ILLNESS? _____ DISABLED? _____

IS ANYONE IN THE HOME A VETERAN? IF SO, WHO? _____

	NAMES OF PEOPLE LIVING IN HOME	RELATIONSHIP TO YOU	BIRTHDAY	INCOME SOURCE	LAST 5 OF SOCIAL SECURITY NUMBER
1		(YOU)			- - - - -
2					- - - - -
3					- - - - -
4					- - - - -
5					- - - - -
6					- - - - -
7					- - - - -
8					- - - - -
9					- - - - -
10					- - - - -

of Senior Adults 60+ # of Adults 18-59 # of Children 0-17

I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO PROVIDE ADEQUATE AND ACCURATE DOCUMENTATION OF NEED. I FURTHER UNDERSTAND THAT MY FAILURE TO PROVIDE ANY REQUIRED DOCUMENTATION OR GIVING OF FALSE INFORMATION MAY CAUSE DENIED ASSISTANCE. THE INFORMATION PROVIDED TO HUNT COUNTY SHARED MINISTRIES IS ACCURATE TO THE BEST OF MY KNOWLEDGE. I GIVE PERMISSION FOR ASSISTING AGENCIES TO EXCHANGE INFORMATION REGARDING MY FINANCIAL, MEDICAL, FAMILY, AND PERSONAL CIRCUMSTANCES WITH HUNT COUNTY SHARED MINISTRIES.

Signature: _____ Date: _____

PROVIDE ID, SNAP AND UTILITY BILL:

Driver's License or Passport Exp Date: _____ Current Utility Bill

SNAP Letter SNAP Exp Date: _____ SNAP Load Day: _____

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