

HARWINTON FOOD PANTRY



APPLICATION

Name of Applicant: _____ License #: _____

Email Address: _____

Address: (No P.O. Box): _____

Phone #: _____

Total Number in Household: _____

How Many Children in Household:

Age: _____ M/F

Age: _____ M/F

Age: _____ M/F

Age: _____ M/F

Age: _____ M/F

Age: _____ M/F

Other Family Members in Household of the Applicant:

Nature of Hardship (Lay-off, Illness, Etc.):

Special Dietary Needs (this is needed when asking for donations):

Signature: _____

Date: _____

Pantry Worker Verifying Application: _____

You must fill out completely and legibly, this information is needed to assist you.
This application must be renewed annually, or we will be unable to allow you in.

THANK YOU



The goal of the Harwinton Food Pantry and Resource Center is to strengthen the personal economic and social well-being of residents of the Town of Harwinton.

- **Treat everyone with dignity, respect, and compassion.**
- **Please arrive no more than 15 minutes before open hours.**
- **Clients are allowed to shop every other week.**
- **Clients must be residents of the Town of Harwinton and show proof of residency upon first visit with completed intake form.**
- **Clients are required to bring a photo id each visit.**
- **Please refrain from cell phone use during shopping hours.**
- **Please be considerate of others and take only the resources you need.**
- **The Pantry will try to connect you with other resources such as, energy or housing assistance.**
- **The Pantry does not have fuel vouchers or cash.**
- **It is against the LAW to sell, exchange, or abuse any items you receive from the Pantry.**
- **The Pantry will refuse service to anyone that is belligerent or under the influence of drugs or alcohol.**