

Moore Norman Technology Center – Food Pantry Intake Application

Head of Household Information (Please Print):

Completed applications can be turned in to program counselors or to Christine Clark in the Health building. Please see your counselor with any questions or assistance completing your application.

First & Last Name: _____ Date of Birth: _____

Home Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____ County: _____

Phone Number: _____ Homeless: Yes No

Name of Authorized Representative (if applicable): _____
(This person is designated to pick up food on behalf of the eligible household.)

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 <small>(Format: XX/XX/XXXX)</small>	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: _____

THE
MOORE NORMAN
TECHNOLOGY CENTER
FOUNDATION
INCORPORATED

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: _____