



McFarlin UMC Mobile Food Pantry Enrollment Form

Please X each item that is true for you or someone in the household

This information is optional

Full Name

___ I am 65 years old or older

Address

___ I am married

City

___ I am homeless

Cell Phone #
(We will send you a text message reminder before each delivery)

___ I am a veteran

___ At least 1 person in my house has a job

Other Adult Household Members-full names

___ I am enrolled in SNAP (food stamps)

___ I am enrolled in WIC

___ I am African American

___ I am Native American

___ I am Hispanic

___ I am Caucasian

Children in Household-first names

___ I am Asian

___ I am another ethnicity not listed

___ My household income is at or below the listed income limits for my household size (as shown on the back of this page)

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Total #s in Household:

___ Adults ___ children 18 or younger