

UNION COUNTY PERSONAL NEEDS PANTRY REFERRAL FORM

Date _____

Client name _____

Date of Birth _____

Address _____

(house number and street or road)

(city and zip code)

Phone _____

Email _____

Living in household & relationship to Client named above:

Adult males ages 18-59 (names & DOB) _____

Adult males over 60 yrs old (names & DOB) _____

Adult females ages 18-59 (names & DOB) _____

Adult females over 60 yrs old (names and DOB) _____

Children ages 0-17 (full name & DOB) _____

(Use back if additional space is needed)

Referring Agency Information

Name of Agency _____

Name of agency's representative completing this referral form:

Name: _____ **Title:** _____ **Phone:** _____

Signature of agency's representative: _____

PLEASE NOTE:

Residents of Union County may use the Personal Needs Pantry one time per month (about every 4 weeks) when there is a current referral form on file. A referral form is considered current if it has been completed within the past 12 months and there have been no changes in the household membership.

Families living in the same household will be considered one client.

Proof of residency is also required when submitting this form. A recent utility bill or driver's license can be used to show residency. Verification of household members may be required.



APPROVED REFERRAL AGENCIES

Community Action
Creative Foundations
The Hope Center Emergency Assistance Program
Lower Lights Christian Health Center
Maryhaven
Salvation Army
School Counselor
Senior Services
Serendipity Place
Transitional housing (T-House) Operated by Maryhaven
Union County Board of Developmentally Disabled
Union County Children's Services
Union County Department of Job and Family Services
Union County Health Department
United Way
Veteran's Services
WINGS Enrichment Center
WINGS Housing

- The Journey House
- The Buckeye House
- The Red House

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