

PLAINSBORO FOOD PANTRY APPLICATION

641 Plainsboro Road
Plainsboro, NJ 08536
609-799-0909, x1711 or 1719
www.plainsboronj.com

IMPORTANT!

Documentation is Required

- 1. You must provide proof of Plainsboro residency
(such as electric bill with your name and address)**
- 2. You must provide the most recent income tax
returns for each wage-earner in your household
OR**

**For each individual in your household receiving
government assistance (such as food stamps,
home energy assistance, unemployment, etc.),
attach recent documentation of that assistance.**

Plainsboro Food Pantry Operating Procedures

STEP 1 - APPLY: Complete and return the attached application form.

Within 2 weeks of receiving your completed application, you will be notified of your eligibility to receive food assistance. Your eligibility is determined based on your financial status and current situation. Plainsboro Township reserves the right to require further documentation such as updated proof of eligibility while you are on assistance.

STEP 2 - GROCERY LIST: Complete and return the attached grocery list.

Food will be packed for you based upon this list. While every effort will be made to adhere to this list, please understand that this may not always be possible since we are utilizing donated food items and we do not always have all of the items on the list. Please indicate any special dietary needs you have.

STEP 3 - PICKUP: Food will be distributed every 2nd and 4th Thursday of each month (adjustments will be made for holidays, as needed).

If you cannot pick up your food, please call us at least 48 hours in advance to schedule an appointment during that food distribution week. Otherwise, you will have to wait for the following distribution week. Keep the attached Food Pantry calendar for future reference. The calendar dates in bold are the food pickup dates. Pickup is at the Plainsboro Food Pantry, located on the plaza level of the municipal building; outside Community Room A/B. If you miss a food distribution week, notify this office at 609-799-0909, ext. 1712 or 1719. We will hold your food until the next distribution date. **We are not responsible for contacting you to remind you of food distribution days. If you fail to notify us and miss 3 consecutive food distributions, your food assistance will cease.**

Reusable grocery bags will be distributed to Plainsboro Food Pantry recipients. Your reusable bags MUST BE RETURNED each time you pick up food from the pantry. If they are not returned, you will be given food in disposable plastic bags.

Thank you!



TOWNSHIP OF PLAINSBORO

Recreation & Community Services
641 Plainsboro Road
Plainsboro, NJ 08536
609-799-0909 x1711 or 1719
recdept@PlainsboroNJ.com

Received _____

Approved/ Not Approved

Food Pantry Registration

Please print clearly or type responses. Incomplete forms will not be considered.

Date of Application	How did you learn about the food pantry?		
APPLICANT INFORMATION			
First Name	Last Name	Are you the head of household?	
Street	City	Zip Code	
Home/Cell Phone	Email Address	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Please list below the names and ages of all people (including yourself) who reside at the above-listed address either part-time or full-time:			
First Name	Last Name	Age/DOB	Relationship to Applicant
1.			SELF
2.			
3.			
4.			
Are any of the household members disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No		What is the nature of the disability?	
If requested, can you provide verification of household members residing at the above listed address? <input type="checkbox"/> Yes <input type="checkbox"/> No			

DIETARY NEEDS	
Please indicate below the number of people who reside at the above-listed address with any of the following dietary needs or limitations.	
_____ diabetes	_____ infant formula/food
_____ low-fat diet	_____ low-sodium diet
_____ vegetarian	_____ other _____
_____ kosher	_____ lactose intolerance
_____ peanut allergies	_____ wheat allergies
Please indicate non-food items that are difficult for you to purchase (does not indicate or imply our ability to provide them)	
Is there any additional information that you would like to provide regarding household needs?	
Applicant Signature _____ Date _____	

HOUSEHOLD INFORMATION

Do you or any members of the household receive assistance currently? ☐ Yes ☐ No

if yes, please check boxes below to indicate type of assistance

- ☐ SSI ☐ SSDI ☐ Medicaid ☐ School Lunch Program
☐ NJ Food Stamps/SNAP ☐ NJ WIC ☐ NJ Unemployment ☐ NJ Disability Benefits
☐ NJ Workers Compensation ☐ WFNJ Temporary Assistance (TANF) ☐ WFNJ General Assistance
☐ WFNJ Emergency Assistance ☐ HUD Scholarship Assistance
☐ Other Federal Assistance (specify) _____
☐ Other State Assistance (specify) _____
☐ Other County Assistance (specify) _____
☐ Other Charitable Assistance (specify) _____

Do you reside in affordable or other subsidized housing? ☐ Yes ☐ No

Are you currently employed? ☐ Yes ☐ No If no, when were you last employed? _____

Are you seeking employment? ☐ Yes ☐ No

Please indicate below the **NUMBER OF PEOPLE** who reside at the above-listed address who receive income from the following sources:

_____ Wages _____ Retirement Benefits _____ Social Security

For statistical purposes only (Optional) Circle One:

White Black/African American Asian Native American/Alaska Native Native Hawaiian/Pacific Islander

Other _____

Designate Ethnicity (Optional) Circle One:

Hispanic Non-Hispanic

Do you or any member of your household have a disability as defined in Section 223 of the Social Security Act?

Yes _____ No _____

If you have a disability that affects your ability to complete this application, please call (609) 799-0909 X1719 to schedule an appointment to let us know how we can reasonably accommodate your needs.

What was your Total Gross Household Income last year?

\$ _____

REQUIRED: Please attach to this application copies of the most recent income tax returns for every wage-earner in your household. For every individual receiving government assistance, as indicated on page 1, you may attach recent documentation of that assistance instead of providing an income tax return for that individual. Income tax returns are still required for any individuals in your household who do not receive government assistance.

Have you or any household members visited other community food pantries in the last year? ☐ Yes ☐ No

Is there an emergency situation that has caused you to seek assistance? If yes, please state the situation

I certify that I am a member of the household above and that all information provided regarding my household is true and accurate, and understand that any false statements or misrepresentation will result in forfeiture of assistance. By signing this document, I am giving Plainsboro Township written consent to share pertinent information with local community agencies on as as-needed basis. These agencies will be held to the same level of confidentiality as Plainsboro Township.

Applicant Signature _____ Date _____