

APPLICATION FOR ASSISTANCE  
ST. JOSEPH PARISH OUTREACH HUMAN SERVICES  
25 CHURCH STREET, RONKONKOMA, NY 11779  
631-981-6888

Please check:

Verified Street Address In area \_\_\_\_\_ Out of area \_\_\_\_\_ Religion \_\_\_\_\_

DOB \_\_\_\_\_ AGE \_\_\_\_ MALE\_\_ FEMALE \_\_ SSN \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

Please Circle One: MARRIED, SINGLE, SEPARATED, DIVORCED, WIDOW/WIDOWER

SPOUSE NAME \_\_\_\_\_ SSN \_\_\_\_\_

MUST SHOW:

PROOF OF RESIDENCY, IDENTIFICATION (COPIES ATTACHED)

HOW LONG AT ABOVE ADDRESS \_\_\_\_\_ NUMBER IN HOUSEHOLD \_\_\_\_\_

RECEIVING PUBLIC ASSISTANCE: YES NO PA# \_\_\_\_\_

PLEASE CIRCLE: RECEIVING WIC: YES NO

RECEIVING FAN: YES NO

Names and Ages of Household Members:

Name \_\_\_\_\_ Age \_\_\_\_ M-F

Name \_\_\_\_\_ Age \_\_\_\_ M-F

Name \_\_\_\_\_ Age \_\_\_\_ M-F

Name \_\_\_\_\_ Age \_\_\_\_ M-F

Name \_\_\_\_\_ Age \_\_\_\_ M-F

Name \_\_\_\_\_ Age \_\_\_\_ M-F

Name \_\_\_\_\_ Age \_\_\_\_ M-F

Name \_\_\_\_\_ Age \_\_\_\_ M-F

Financial Statement:

Expenses:

Salary \_\_\_\_\_

Rent/Mortgage \_\_\_\_\_

Public Assistance \_\_\_\_\_

Elec/Gas \_\_\_\_\_

SSI \_\_\_\_\_

Fuel \_\_\_\_\_

Unemployment \_\_\_\_\_

Phone/Water \_\_\_\_\_

Pension \_\_\_\_\_

Food \_\_\_\_\_

Disability \_\_\_\_\_

Food Stamps \_\_\_\_\_

I HAVE ANSWERED THE ABOVE AND UNDERSTAND THIS IS AN EMERGENCY FOOD PANTRY, NOT A CONTINUING FOOD SOURCE. I ALSO UNDERSTAND THAT I WILL BE VISITED BY A MEMBER OF THE SOCIETY OF ST. VINCENT DE PAUL FOR FURTHER ASSISTANCE.

CLIENTS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_