



THE NATHAN HALE VETERANS OUTREACH CENTERS
PLYMOUTH
6 MAIN STREET EXTENSION, SUITE 4
PLYMOUTH, MA 02360
(508) 747-2003

MIDDLEBORO
260 CENTER STREET, UNIT B
MIDDLEBORO, MA 02364
(508) 923-0900

Food Pantry Assistance Request Form

THIS FORM MUST BE COMPLETED IN FULL BEFORE YOU CAN RECEIVE ASSISTANCE

Name: _____ Date: _____

Address: _____ Date of Birth: _____

(Homeless people may use the address of their local Service Agency.)

Are you a Nathan Hale Client? ☐ Yes ☐ No

Number of children living at home? ☐ Number of household members? ☐

Are you utilizing other local food pantries in addition to the Nathan Hale Food Pantry?
☐ Yes ☐ No

How often do you visit other food pantries?

☐ Once a month ☐ Twice a month ☐ Other

Selling or gaining profit from items of the Nathan Hale Food Pantry will result in the termination of the participants' food pantry privileges.

Participants Signature: _____

I acknowledge that the above information is truthful.

The information collected from this form is used for demographics and productivity only. All information is confidential.