

# PLAINSBORO FOOD PANTRY APPLICATION

641 Plainsboro Road  
Plainsboro, NJ 08536  
609-799-0909, x1712 or 1719  
[www.plainsboronj.com](http://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 2<sup>nd</sup> and 4<sup>th</sup> 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 x1712 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?	
<b>APPLICANT INFORMATION</b>			
First Name	Last Name	Are you the head of household?	
Street	City	Zip Code	
Home/Cell Phone	Email Address	[ ] Male [ ] 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	Relationship to Applicant
1.			SELF
2.			
3.			
4.			
Are any of the household members disabled? [ ] Yes [ ] No		What is the nature of the disability?	
If requested, can you provide verification of household members residing at the above listed address? [ ] Yes [ ] No			

<b>DIETARY NEEDS</b>	
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 \_\_\_\_\_

# Plainsboro Food Pantry Grocery List

For office use only: \_\_\_\_\_

Please check the food items you would prefer to receive from the Plainsboro Food Pantry

Please note the food items listed below are subject to availability

<b><u>BABY</u></b> _____ Baby Formula _____ Baby Food stage _____ _____ Baby Diapers size _____	<b><u>CANNED GOODS-BEANS</u></b> _____ baked _____ kidney _____ garbanzo _____ black _____ pinto _____ other	<b><u>CANNED GOODS-MEALS</u></b> _____ Beef Stew _____ Chili _____ Macaroni and Beef (e.g.Chef Boyardee)	<b><u>CANNED GOODS-TOMATOES</u></b> _____ spaghetti/tomato sauce _____ diced tomatoes _____ crushed tomatoes _____ tomato paste
<b><u>BAKING</u></b> _____ Cookie Mix _____ Brownie Mix _____ Cake Mix _____ Frosting _____ Muffin Mix _____ Pie Filling _____ Flour	<b><u>CANNED GOODS-FISH</u></b> _____ Clams _____ Crab _____ Salmon _____ Sardines _____ Tuna	<b><u>CANNED GOODS-VEGETABLES</u></b> _____ Asparagus _____ Beets _____ Carrots _____ Corn _____ Green Beans _____ Mixed Vegetables _____ Mushrooms _____ Peas _____ Potatoes _____ Spinach _____ Sauerkraut _____ Yams	<b><u>SNACKS</u></b> _____ Candy _____ Chips _____ Cookies _____ Crackers _____ Dried Fruit _____ Granola Bars _____ Jelly/Jam _____ Jell-O _____ Nuts _____ Peanut Butter _____ Pop-Tarts _____ Pudding _____ Popcorn _____ Pretzels _____ Rice Cakes
<b><u>BEVERAGES-HOT</u></b> _____ Coffee-Regular _____ Coffee-Decaf _____ Coffee-Instant _____ Hot Chocolate _____ Tea Bags Decaf/Reg (circle one) _____ Creamer	<b><u>CANNED GOODS-MEATS</u></b> _____ Chicken _____ Ham _____ Sausage _____ Turkey	<b><u>CANNED GOODS-SOUPS</u></b> _____ cream soups _____ chicken soup _____ beef soup _____ vegetable soup _____ bean soup _____ seafood soup	<b><u>PERSONAL CARE</u></b> _____ Adult Incontinence Pads/Pants _____ Body Lotion _____ Body Wash _____ Shampoo _____ Conditioner _____ Feminine Pads/Tampons (Circle) _____ Deodorant _____ Soap _____ Shave Cream _____ Toothbrush _____ Toothpaste
<b><u>BEVERAGES-JUICE</u></b> _____ fruit (apple,orange,grape,cranberry) _____ vegetable/tomato (circle choices) _____ Sports Drinks _____ Bottled Water _____ Sunny D	<b><u>CANNED GOODS-FRUIT</u></b> _____ Apricots _____ Applesauce _____ Cranberry Sauce _____ Fruit Cocktail _____ Mandarin Orange _____ Peach _____ Pear _____ Pineapple _____ Pumpkin	<b><u>CANNED GOODS-BROTHS</u></b> _____	<b><u>HOUSEHOLD GOODS</u></b> _____ Toilet Paper _____ Laundry Detergent _____ Cleaning Supplies _____ Paper Goods _____ Other _____
<b><u>DRINK MIXES</u></b> _____ Iced tea _____ Lemonade _____ Kool Aid	<b><u>DRY GOODS</u></b> _____ Beans _____ Beans and Rice _____ Boxed Meals _____ Breadcrumbs _____ Couscous _____ Dry Soups _____ Macaroni and Cheese _____ Noodles _____ Pasta _____ Pasta Mixes _____ Potatoes _____ Quinoa _____ Rice Brown _____ Rice White _____ Rice Mixes _____ Shake n' Bake _____ Stuffing	<b><u>CANNED GOODS-GRAVY</u></b> _____	
<b><u>BEVERAGES-MILK</u></b> _____ Evaporated _____ Powdered Dry _____ Shelf-Stable-Parmlat (1%,2%,Skim) _____ Sweetened Condensed _____ Coconut, Soy, Rice (circle one)		<b><u>CONDIMENTS</u></b> _____ BBQ Sauce _____ Ketchup _____ Marinades _____ Mayonnaise _____ Mustard _____ Oil _____ Olives _____ Pickles _____ Relish _____ Salad Dressing _____ Salsa _____ Salt/Pepper _____ Seasonings _____ Vinegar	
<b><u>COLD BREAKFAST CEREAL</u></b> _____ Unsweetened _____ Sweetened		<b><u>ETHNIC FOODS</u></b> _____ Chinese _____ Indian _____ Italian _____ Kosher _____ Mexican	
<b><u>HOT BREAKFAST CEREAL</u></b> _____ Cream of Wheat _____ Grits _____ Oatmeal _____ Pancake Mix _____ Maple Syrup			
<b><u>SWEETENERS</u></b> _____ Honey _____ Sugar _____ No Calorie Sweetener _____ Brown Sugar			

# PLAINSBORO FOOD PANTRY

Township of Plainsboro  
 641 Plainsboro Road  
 Plainsboro, NJ 08536  
 609-799-0909 x1712 or x1719  
 www.plainsboronj.com



## 2015

**Notes:**

Dates in bold indicate Plainsboro Food Pantry food pickup dates. Food pickup is every second and fourth Thursday of each month, 1:00-3:30pm and 5:30-7:30pm. Note the Pantry will be closed from 3:30-5:30pm on distribution days.

**\*\*NOTE:** Food pick up in November and December will be on **first and third** Thursdays to accommodate Thanksgiving and Holiday Wishes programs.

Please call or email our office if you will miss a food pickup. Food assistance will be discontinued after 3 consecutive missed pickup dates without notifying us.

[mbenerofe@plainsboronj.com](mailto:mbenerofe@plainsboronj.com)

PLEASE RETAIN  
 THIS CALENDAR  
 FOR YOUR  
 REFERENCE

January							February							March							April							
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	
				1	2	3	1	2	3	4	5	6	7	1	2	3	4	5	6	7				1	2	3	4	
4	5	6	7	<b>8</b>	9	10	8	9	10	11	<b>12</b>	13	14	8	9	10	11	<b>12</b>	13	14	5	6	7	8	<b>9</b>	10	11	
11	12	13	14	15	16	17	15	16	17	18	19	20	21	15	16	17	18	19	20	21	12	13	14	15	16	17	18	
18	19	20	21	<b>22</b>	23	24	22	23	24	25	<b>26</b>	27	28	22	23	24	25	<b>26</b>	27	28	19	20	21	22	<b>23</b>	24	25	
25	26	27	28	29	30	31								29	30	31					26	27	28	29	30			
May							June							July							August							
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	
				1	2		1	2	3	4	5	6					1	2	3	4							1	
3	4	5	6	7	8	9	7	8	9	10	<b>11</b>	12	13	5	6	7	8	<b>9</b>	10	11	2	3	4	5	6	7	8	
10	11	12	13	<b>14</b>	15	16	14	15	16	17	18	19	20	12	13	14	15	16	17	18	9	10	11	12	<b>13</b>	14	15	
17	18	19	20	21	22	23	21	22	23	24	<b>25</b>	26	27	19	20	21	22	<b>23</b>	24	25	16	17	18	19	20	21	22	
24	25	26	27	<b>28</b>	29	30	28	29	30					26	27	28	29	30	31	23	24	25	26	<b>27</b>	28	29		
31																					30	31						
September							October							November							December							
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	
			1	2	3	4	5				1	2	3	1	2	3	4	<b>5</b>	6	7				1	2	<b>3</b>	4	5
6	7	8	9	<b>10</b>	11	12	4	5	6	7	<b>8</b>	9	10	8	9	10	11	12	13	14	6	7	8	9	10	11	12	
13	14	15	16	17	18	19	11	12	13	14	15	16	17	15	16	17	18	<b>19</b>	20	21	13	14	15	16	<b>17</b>	18	19	
20	21	22	23	<b>24</b>	25	26	18	19	20	21	<b>22</b>	23	24	22	23	24	25	26	27	28	20	21	22	23	24	25	26	
27	28	29	30				23	26	27	28	29	30	31	29	30						27	28	29	30	31			