

Regulations and Referral for Larchmont-Mamaroneck Food Pantry

The Larchmont-Mamaroneck Hunger Task Force (The Food Pantry) is a not-for-profit organization operated by volunteers who want to be of service to you. While our resources are limited, we will continue to help the people who really need food and must enforce the following regulations:

1. Residents of Larchmont and Mamaroneck are given first preference for food distribution. You must provide proof of residence and may be required to provide photo identification and birth certificates/passports for children. The following are acceptable forms of proof of address: Con Ed or telephone bill, lease or proof of rent, driver's license, any photo identification with your address
2. You will be served on your first visit without a referral. You may be refused food if you have not returned your completed and signed referral after three visits. The referral must be signed by an agency listed on the Agency Authorized to Sign list or a recognized government, religious or medical organization. The purpose of the referral is to verify your real need. We reserve the right to verify any information given to us. The information will be kept confidential with the Larchmont-Mamaroneck Hunger Task Force and the Greater Mamaroneck Community Action Program (CAP/WESTCOP).
3. A referral is valid for 12 months, or a period determined by the Larchmont-Mamaroneck Hunger Task Force. If, after this period, there is still a need for food, you must be reviewed again, supply all documentation and obtain a new referral.
4. The following behavior will result in your being barred from the Food Pantry:
 - a. Giving fraudulent information to an interviewer
 - b. Selling the food you receive from the Food Pantry
 - c. Using abusive language or disorderly conduct
 - d. Parking in or blocking local driveways without the resident's permission
5. We reserve the right to refuse to serve any client we feel may be under the influence of alcohol or drugs.
6. The Food Pantry is not responsible for any problems arising from the accepted food.

Client's Signature: _____

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This section to be completed by referring agency

Client's Name: _____
Last First

Address: _____
Street Apt. # Town Zip Code

Number of Persons in Household(including client): _____ Telephone #: _____

Names and Ages of All Persons (including client): _____

What is the source of household income? (look on back of this form): _____

Is household income at or below 185% of Federal Poverty Level? (look on back of form for income levels) Yes: ____ No: ____

Referred by _____
Name (please print) Title Telephone #

Organization Name Address

Signature Date

Has referral agency has seen proof of address? Yes ____ No ____ Please describe: _____

Food Pantry Use only Approved: _____ Client #: _____