



Camden City Independent Living Center

1000 Atlantic Ave, Suite 125

Camden NJ. 08104

Phone: (856)966-0800

Fax: (856)966-0832

**FOOD PANTRY FORM
EMERGENCY RESOURCE REQUEST FORM**

Curbside Pantry Pick Up ONLY at this time: (No contact) Wednesday's
10am-12pm, by appointment

_____ **Have you been serviced by the CCILC Food Pantry in the past?**

_____ Are you a consumer or registered with CCILC **(if not please call the office at 856-966-0800; do not complete the application)**

Camden City Independent Living Center will be offering food to those in need **beginning June 26th, 2020 until further notice**. For Consumers **ONLY**; you must live in Camden City, and be a person with a disability.

To register for CCILC's food pantry please complete the form below
Please visit camdenilc.org to fill out the form online or mail to:

Camden City Independent Living Center

1000 Atlantic Ave Camden NJ 08104

Attn: Emergency Response Form

CONTACT INFO

Full Name

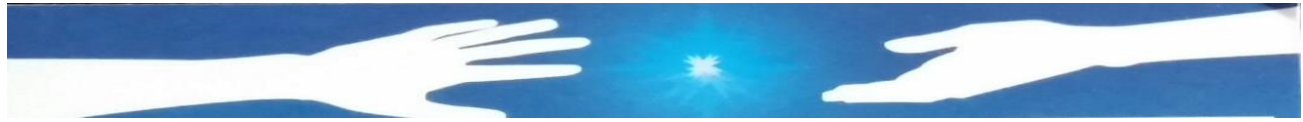
Email

Sign Up for CCILC Newsletter

Address

City

County



State

Zip

Phone (Home)

Phone (Cell)

HOUSEHOLD INFO

I am disabled.

Yes

No

What is your disability: _____

What is your age: _____

I have a family member with a disability.

Yes

No

Total number of household members under age 18: _____

Total number of Children, please give age/s: _____

Total number of household members over age 18: _____

Total number of household members over age 65: _____

Total household Members: _____

Emergency Needs:

Food

Masks

Clothing (pajamas)

Housing Assistance

Other

Do you Drive ___ yes ___ no



Please explain the services you are requesting. Please be as specific as possible.

The undersigned certifies that the information/answers provided are complete and true. You further agree to the following:

- I/my family need food delivery.
- CCILC will try to accommodate what food I need
- CCILC is not responsible for your food once it is delivered to you.
- There are no costs involved.

Person completing the form: _____

Date _____

Staff _____ Date _____

Staff Delivered _____ Date _____

Executive Director _____

Delivery or Pick/Up Approval ____ Yes ____ NO

REVISED 1/14/2021