2024 APPLICATION

LIBERTYVILLE TOWNSHIP FOOD PANTRY

I DECLARE MYSELF ELIGIBLE TO RECEIVE THE LIBERTYVILLE TOWNSHIP FOOD products. I am a Libertyville Township resident.

Signature: Proof of Residency Required:	:(Copy Attached)
Name:	
Address: Including Apt #	
Phone:	
Number in Family:	Adults Children
Reaso	on for Assistance—Proof is Required
SSITANF	UnemploymentLIHEAP
Senior Freeze(property tax)	MedicaidSubsidized Housing
I AM A RESIDENT OF LIBERT	YVILLE TOWNSHIP.
I DECLARE MYSELF ELIGIBL understand that the Liberty or the condition of the item	E TO RECEIVE the Libertyville Township Food products. I yville Township Food pantry does not guarantee the quality as provided.
SIGNATURE	DATE

To All Food Pantry Applicants:

Please complete a 2024 application form for the Libertyville Township Food Pantry. For your application to be complete, you will need to provide proof of your residency and family members.

The following documents are being requested as proof of residency and family members:

Photo ID
A recent utility bill for proof of your residency is required.
A copy of your most recent Public Aid - Medical Card that shows your current address and lists family members.
If you do not receive Public Aid – Medical, please bring copies of Social Security cards for children residing in your home.
Any other adults living in your home will need to bring in proof of their residency, such as mail received by them at that address.

We do not accept Drivers Licenses as ID for proof of residency.

Proof of residency must be provided to use our food pantry. All other requested proofs must be brought in the next time you come to the pantry, or you will no longer be able to use the pantry until you have done so.

The Food Pantry is open on Tuesdays, from 10:00 a.m. until 3:00 p.m. You may use it weekly.

Liz Heffernan, Caseworker Libertyville Township