

# FOOD VOUCHER/REFERRAL FORM

Check Location

Chamblee FSC  
2050—C Chamblee Tucker Road  
Atlanta, GA 30341

Lakewood FSC  
1700 Lakewood Ave SE  
Atlanta, GA 30315



Date of Referral: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Identification is required to redeem voucher.  
(Por favor mostrar su identificación para entregar el recibo.)

Name of referring agency/conference \_\_\_\_\_

Caseworker's name \_\_\_\_\_ Phone \_\_\_\_\_

Caseworker, please complete this form in its entirety.

## GENERAL INFORMATION *Please Print*

Name: \_\_\_\_\_ CMS Case # \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Status: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Military Veteran: \_\_\_\_\_ (yes) \_\_\_\_\_ (no)

List **ALL** adults and children to be served (*including individual named above*):

Name	Age	Name	Age
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

I, (Please print name) \_\_\_\_\_, have received food from the St. Vincent de Paul Food Pantry/Family Support Center and acknowledge that I am not eligible for service for at least six months.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## HOURS OF OPERATION

Appointment Only

**CHAMBLEE FAMILY SUPPORT CENTER**  
Monday—Thursday  
10:00 am to 4:00 pm

678-892-6160 PHONE - 770-709-6908 FAX

**LAKWOOD FAMILY SUPPORT CENTER**  
Monday—Friday  
9:00 AM TO 4:00 PM

678-705-7828 PHONE - 678-974-5489 FAX

**Family Support Center Use Only**

**Date Redeemed** \_\_\_\_\_

**Food Pantry**

Total Points Available \_\_\_\_\_ Bonus Points assigned (if applicable) \_\_\_\_\_ GNAP Food \_\_\_\_\_  
 USDA Food \_\_\_\_\_

Protein: \_\_\_\_\_ Fats \_\_\_\_\_ Grains \_\_\_\_\_  
 Dairy \_\_\_\_\_ Vegetables \_\_\_\_\_ Household \_\_\_\_\_  
 Fruits \_\_\_\_\_

**TOTAL (Points + Bonus)** \_\_\_\_\_

**GNAP Weight** \_\_\_\_\_ lbs. **USDA Weight** \_\_\_\_\_ lbs. **Total Food Weight Distributed** \_\_\_\_\_ lbs.

\_\_\_\_\_ (FSC Caseworker )

**INCOME SOURCE**

**TOTAL MONTHLY INCOME**

**OTHER ASSISTANCE**

- \_\_\_ Employed
- \_\_\_ Social Security
- \_\_\_ Pension
- \_\_\_ SSI
- \_\_\_ SSDI
- \_\_\_ Child Support
- \_\_\_ Worker's Comp.
- \_\_\_ Unempl. Comp.
- \_\_\_ No Income

- \_\_\_ \$0 - \$1,107
- \_\_\_ \$1108 - \$1,484
- \_\_\_ \$1485 - \$1,861
- \_\_\_ \$1862 - \$2,238
- \_\_\_ \$2239 - \$2,615
- \_\_\_ \$2616 - \$2,992
- \_\_\_ \$2993 - \$3,369
- \_\_\_ \$3370 - \$3,746
- \_\_\_ \$3745 +

- \_\_\_ SNAP (food stamps)
- \_\_\_ WIC

Summary of Client Discussion:

Other Agencies Referred to: