

Billerica Community Pantry Registration

Return to P.O. Box 285, Billerica MA 01821

Family Name: _____ Address: _____ Phone #: _____

Please list all family members and their gender: _____ Email: _____

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

**PLEASE ADD A
CHECKMARK
NEXT TO
ANYONE WHO IS
A VETERAN.**

What is your families ethnicity: African American/Black, American Indian, Asian, Caucasian (white), Hispanic/Latino, Other

Do you currently receive: WAGES SOCIAL SECURITY, PENSION, DISABILITY, UNEMPLOYMENT, OTHER

How much per month: _____ This information is kept confidential.

Do you have any pets? YES NO If so, what kind? _____

Eligibility Guidelines

1. You must be a resident of Billerica.
2. All registered family members must live in the household.
3. Billerica Community Pantry has no income eligibility requirement and we strive to have a wide variety of food available for all. We do receive some donations through the USDA Food Assistance program that has federal income guidelines that we will ask if you are above or below. There may be a few items that you won't be eligible for based on your income. We encourage patrons as their circumstances change and they can be self-supporting, to be considerate and limit their own participation so that the limited resources we have can be used to assist others.