

BASIC NEEDS DEPARTMENT

"Crisis to Stability to Self-Sustainability"



FOOD PANTRY COLLABORATION APPLICATION FORM

Catholic Charities collaborates with authorities, organizations, groups, parishes, and community leaders to help distribute **pre-packaged food bags, thanksgiving assistance, or other available food service** to those considered food insecure/ in need and are **not able to attend the pantry (e.g. homebound elders, disabled, under health restrictions, with transportation barriers, etc)**. All clients will be registered in the Catholic Charities clientele database and become **mutual clients** for the partnering agency and Catholic Charities. All services provided will be recorded and kept under all confidentiality requirements.

Organization Name: _____ **Address:** _____

Phone number: _____ **Website:** _____

Direct Contact Person: _____ **Title:** _____

Phone number: _____ **Fax Number:** _____

Email address: _____

Do you receive food from the Greater Boston Food Bank? Yes _____ **No** _____

- Catholic Charities will NOT duplicate services and redistribute resources to those already partnering with Greater Boston Food Bank for food deliveries.

How many HOUSEHOLDS do you anticipate to assist per month? _____ **Total including household members?** _____

Describe the Demographic you intend to assist: _____

PLEASE NOTES:

- Collaboration needs to be renewed annually.
- **Forms needed:**
 - o The Collaboration Application Form.
 - o Basic Needs application to be completed with each household served;

Signature: _____ **Date:** _____

Print Name: _____

SUBMIT FORM: basic_needs@ccab.org. For more information contact the **Program Manager** at 617-506-6628.

It may take up to 30 days for the approval process to be completed. Please keep the Basic Needs Department informed of any changes to the information provided above.

OFFICE USE ONLY

Approved/ Dismissed by: _____ **Title:** _____

Date: ___/___/___ **Notes:** _____

Mid-Year Review:

Name: _____ **Title:** _____

Date: ___/___/___ **Number of Household:** _____ **Notes:** _____