

M.C.C. Social Services & Food Pantry

A committee project of

Muslim Community Center, 15200 New Hampshire Ave., Silver Spring MD 20905

REGISTRATION TO RECEIVE FOOD & OTHER ASSISTANCE

This application should be completed by HEAD OF FAMILY only. Answer all questions and write N/A where it is not applicable to you. This information will be used to assess your needs and will be reviewed periodically.

We are limited by our resources and this registration is NO GUARANTEE and NO PROMISE to meet your needs.

Name of

Head of Family _____ Male /Female. _Date of Birth or Age _____

Name of spouse _____ Male / Female. _Date of Birth or Age _____

Are you: US Citizen – Resident – Refugee – Asylum: _____ If Refugee, give Date of arrival _____

If refugee state Country of origin: _____ Name of Agency who brought you in US _____

Which Masjid/Mosque –or- Church are you going _____

ID No. _____ ** ATTACH COPIES of IDs for self and spouse

Education _____ Professional Skills _____

Languages you speak _____ Do you speak English? _____

Education (Spouse) _____ Professional Skills _____

Current Address _____

Phone No. _____ Cell Phone No. _____

E mail address, if any _____

Detail of other family members; **Only those who are dependent on you.**

Name of Family member	Gender	Age	Education, going to School or college	Give Employment details, if employed
1-				
2-				
3-				
4-				
5-				
6-				

Are you receiving any help from other Agency? Give details below;

From: _____ Type of help _____ \$ _____

From _____ Type of help _____ \$ _____

Do you receive Food Stamps help? Yes or No If yes how much? _____

Why do you consider yourself in need of Food or any other help. _____

What is your financial condition? Please answer these questions in order to determine your suitability for help.

What job you are doing	Monthly Income	\$
Spouse's job, if employed	Monthly Income	\$
Any other income	Monthly Income	\$
Total monthly Income		\$
Do you own your house: Yes - or - No	If renting, how much is rent?	\$
House hold Grocery expenses per month		\$
Children's educational & clothing expenses per month		\$
Own a car? -yes - or- No . If yes how much transport expenses / month		\$
Other expenses including entertainment per month		\$
Total Monthly Expenses		\$

If you expenses are more than your income then how do you cover the shortfall? _____

Would you be willing to do volunteer work at MCC? _____

Do you want to join free English Language or Computer classes _____

Do you want to receive information on other free services available in your area? _____

What Food groceries items are needed by you. List them here: _____

Thank You for completing this form: Please sign Date:

Hand it at MCC Office, or

Mail it to: ASHRAF QURESHI, Chairman, Social Services, M.C.C.,

15200 New Hampshire Ave., Silver Spring MD 20905