

# COMMUNITY FOOD PANTRY

## A PROGRAM OF CANAL WINCHESTER HUMAN SERVICES

**80 Covenant Way, Canal Winchester, Ohio 43110**

COMMUNITY Food Pantry and Senior Transportation Scheduling: 614-834-4700

Canal Winchester Human Services Phone and Fax: 614-834-3888

Website: [www.cwhumanservices.org](http://www.cwhumanservices.org)

## GUIDELINES

1. The COMMUNITY Food Pantry is a “Choice” Pantry available to individuals and families who are in need of food assistance. As a Choice Pantry, clients will be accompanied into the COMMUNITY Food Pantry to select items from the available inventory based on their size of family for a **maximum five-day supply of food per visit**. Appointments for food may be made two times each month.

Only one food order will be given per address (except for an apartment building where different unit numbers are listed). **Families sharing a house and/or multiple generations sharing a house are considered one family and will be given food according to the total number of persons residing within the home, rather than as multiple, individual families.**

2. Eligible clients of the COMMUNITY Food Pantry are those living in the Canal Winchester School District, residents of Lithopolis, Carroll, and rural areas of Fairfield County who are not better served by receiving assistance at collaborating food pantries. Clients who use multiple pantries will be aligned with the appropriate pantry based on their home address.
3. Proof of residence and ID is required for all clients 18 years of age and older, during each and every visit at the COMMUNITY Food Pantry. Acceptable identification and proof of residence includes:
  - current driver’s license or state issued identification showing the current address of the client,
  - current lease or mortgage papers showing the current address of the client, or
  - current (within 30 days) utility statements that show the current address of the client.If identification and proof of residency is not provided at the first appointment, proof must be provided at the second visit or the client cannot be served until required identification is presented.
4. Clients must bring ID for each member of the family in your household under age 18 each time you receive food assistance. Acceptable identification includes:
  - a social security card,
  - birth certificate, or
  - legal document with the dependent’s name on it.
5. Anyone who is not a client may receive two emergency visits after which time, client registration is required. For continued assistance after two emergency visits, please provide applicable paperwork as outlined above in Section 3 and 4.

6. **Children are not allowed in the Pantry distribution area and cannot be left unattended while the client is selecting items.** If you bring children, you must provide someone to care for them while you select your items. Pantry volunteers are not child care providers, are not available to supervise children and cannot be held accountable or liable.
7. No more than two adult family members per family are allowed in the distribution area at one time. An exception for one caregiver is allowed for clients who require a caregiver and/or interpreter.
8. **Appointments are required and walk-in service is not permitted.** Appointments to pick up food must be made at least 24 hours in advance and must be made by leaving a phone message at **614-834-4700**. Normal operating hours are Monday, Tuesday, and Wednesday from 1:00pm – 3:00pm with the exception of the second and fourth Wednesday of each month when the hours will be 4:00pm to 6:00pm. Please call and leave a phone message if you must cancel or reschedule for any reason.

The Pantry will be closed on the following holidays: New Year's Eve and New Year's Day, Good Friday, Memorial Day, July 3 and 4, Labor Day, Thanksgiving Day and the day following Thanksgiving, and Christmas Eve thru January 1.

Clients may sign up for the distribution of Thanksgiving baskets beginning October 1. Clients may sign up for Christmas baskets beginning November 1 and baskets for each holiday will be based on availability. Distribution dates of baskets and additional information will be posted in the Pantry as applicable.

9. As a Program of Canal Winchester Human Services, the COMMUNITY Food Pantry is operated by community volunteers. Should you have any issues, please contact the Food Pantry Coordinator immediately. **Any client who displays rude, aggressive, or otherwise inappropriate behavior, or abuse the guidelines in any way may be denied food assistance at the discretion of the Food Pantry Coordinator and continued inappropriate behavior may result in permanent termination from the Program.**
10. The COMMUNITY Food Pantry provides food assistance to all eligible clients and does not discriminate, offering food resources equitably to all clients who meet the eligibility requirements. Falsified information will be grounds for immediate termination from the Program.

# GUIDELINE COMPLIANCE

Must be completed and returned to the Food Pantry  
Effective June, 2017

I have read the guidelines, understand them, and agree to observe and adhere to them as stated.

\_\_\_\_\_

Date                      Printed Name                      Signature

Client Address: \_\_\_\_\_

Client Phone Number: \_\_\_\_\_

List all family members and their relationship to you for which you will be receiving food assistance.

	FIRST NAME	LAST NAME	GENDER (M/F)	DATE OF BIRTH
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____