



## Golden Food Pantry Assistance Request

Phone: 303-279-5674

Email: [info@goldenpantryandthrift.org](mailto:info@goldenpantryandthrift.org)

Service Area: Golden 80401 or Golden 80403 only

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### Steps to Apply:

- Complete the Assistance Request Form: **Ensure all fields are filled out and signed.**
- Provide the following documents:
  - **Proof of custody for all children** (0-18) listed on the form.  
(Examples: Passports, report cards, or legal guardianship documentation.)
  - **Proof of residency for each adult** (18+) in your household in Golden, CO.  
(Examples: Utility bill, bank statement, car insurance, or mail dated within the same month as your application.)
- A valid, unexpired government-issued ID for the primary account holder.

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### Primary Account Holder Information

Full Legal Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Pronouns: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ Email Address: \_\_\_\_\_

### Gender Identity (check one):

Female  Male  Transgender  Non-binary  None of These  Don't Know  Prefer Not to Answer

### Marital Status (check one):

Single  Married  Divorced  Separated  Widowed  Common-Law  Don't Know  Prefer Not to Answer

### Race/Ethnicity (check all that apply):

Alaska Native  American Indian/ Native American  Asian  Black/African American

Hispanic/Latino  Middle-Eastern/North-African  Pacific Islander  White/Anglo

Other: \_\_\_\_\_  None of These  Don't Know  Prefer Not to Answer

### Self-Identifies As (check all that apply):

Disability  Veteran  Homebound  Other  None of These  Don't Know  Prefer Not to Answer

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### Household Information

How many additional people live in your household? (Do not include yourself): \_\_\_\_\_

Additional Adults (18+) in Household: Include Name, Age, Birthday, Gender, Relation to Yourself:

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Children (0-18) in Household: Include Name, Age, Birthday, Gender, Relation to Yourself:

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**Education Information**

**Highest Education Level Completed (check one):**

- Grades 0-8  Grades 9-11  High School Diploma  GED  Post Secondary (some)  Trade School/Professional Accreditation  2-Year Degree  4-Year Degree  Master's degree  PhD
- Didn't Ask  Don't Know  Prefer Not to Answer

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**General Household Information**

**Housing Type (check one):**

- Own Home  Private Rental  Section 8  Public Housing  Emergency Shelter  Unhoused
- With Family/Friends  Youth Home/Shelter  Other: \_\_\_\_\_

**Social Assistance Programs You Receive (check all that apply):**

- SNAP  Medicaid  WIC  Medicare  LEAP  School Meals  TANF  Section 8
- Other Benefits: \_\_\_\_\_  None  Don't Know  Prefer Not to Answer

**Income Information**

**Employment Type (check all that apply):**

- Disability Assistance  Earned Income (SNAP Admin ONLY)  Full-Time  Part-Time
- Post Secondary Student  Retired  Seasonal  Self-Employed  Social Assistance (SSI)
- Social Security  Unearned Income (SNAP Admin ONLY)  Unemployment  Other  Didn't Ask
- Don't Know  None  Prefer Not to Answer

Monthly Income Amount: \_\_\_\_\_

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**Dietary Needs (check all that apply):**

- None  Diabetic  Low Sodium  Vegetarian  Vegan  Kosher  Halal  Celiac  Peanut Allergy
- Tree Nut Allergy  Soy Allergy  Avoids Gluten  Avoids Eggs  Avoids Dairy
- Other: \_\_\_\_\_

**Referral Information**

Referred By: \_\_\_\_\_

Are you receiving assistance from other pantries?

- BGoldeN Fresh Food Pantry  Yes  No      Golden United Methodist  Yes  No
- Calvary Food Shelf  Yes  No      The Action Center  Yes  No

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**Certification**

I certify that the above information is accurate and true for my immediate family only. I understand that providing false information constitutes fraud.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_