DESTINY CHURCH

FOOD ASSISTANCE REQUEST

For non-members and regular attendees who are not yet members

IMPORTANT INFORMATION

Destiny Church provides food assistance to non-members while supplies and ministry resources permit. Financial assistance is reserved for eligible church members and is not available through this form. Community referrals may also be provided. Submitting this request does not guarantee assistance.

Submit your completed application by email to benevolence@discoverdestiny.org.

APPLICANT INFORMATION

Full Name: _____	Date: _____
Phone: _____	Email: _____
Address: _____	City/ZIP: _____

HOUSEHOLD AND FOOD NEEDS

Total people in household: _____	Adults: _____ Children: _____
Ages of children: _____	Do you have food today? ☐ Yes ☐ No
Food requested: ☐ Pantry items ☐ Other	Transportation available? ☐ Yes ☐ No
Dietary restrictions or allergies: _____	_____

Briefly describe your current food need:

_____

PREVIOUS ASSISTANCE AND REFERRALS

Have you received food assistance from Destiny Church before? ☐ No ☐ Yes If yes, approximate date: _____

Would you like referrals to community food resources? ☐ Yes ☐ No

Other referral needs: ☐ Housing ☐ Utilities ☐ Employment ☐ Medical ☐ Transportation ☐ Other: _____

APPLICANT ACKNOWLEDGMENT

I certify that the information provided is accurate. I understand that food assistance depends on availability, is not guaranteed, and does not include cash or financial assistance. I authorize Destiny Church to maintain a confidential record of this request for ministry administration and responsible stewardship.

Applicant Signature: _____ Date: _____

FOR CHURCH USE ONLY

Request received by: _____	Date received: _____
Assistance: ☐ Food box ☐ Pantry items ☐ Other	Referrals provided: ☐ Yes ☐ No