5780 S. Peoria Avenue, Tulsa, OK 74105 • Phone: 918 / 742-5597 • Fax: 918 / 742-4485 communityhouse@tulsacoxmail.com • www.southtulsacommunityhouse.org



MONTHLY VETERAN'S DAY GROCERY PROGRAM

In honor of our veterans, we now provide a monthly Veteran's Day Grocery Program. Every month, on the **Third** (3rd) **Thursday of each month**, Veterans may get enough groceries to feed their household for 5-7 days as well as hygiene products. Pick up time is 9:00 a.m. to 1:00 p.m.

<u>Requirements</u>: Veteran's must fill out a short intake form, provide a photo ID and provide proof of status as a veteran.

<u>Photo ID</u>: this can be any type of identification with your picture on it such as a driver's license, state issued photo Id, etc.

<u>Proof of Status as a Veteran</u>: If your driver's license or state issued photo ID has the veteran's symbol on it, <u>we need no other proof</u>. We also will take your DD214, or any other document showing your status as a veteran.

<u>Permission to Pick Up Form</u>: This forms allows you to designate an appointee to come and pick up your groceries every 3rd Thursday of each month for you.

<u>Financial Information</u>: We do not require proof of financial status or income. However, the program is designed for those veterans on limited budgets, unemployed, disabled or those whom are homeless. You do not have to come every month to stay in the Program. We understand a veteran and his/her household may only need this assistance 1 time a year, while some will need it every month.

It is an honor to be able to serve, in some small way, those whom served us so bravely. If there are other resources or services needed, please see our brochure for more information.



MONTHLY VETERAN'S DAY PROGRAM

IN-TAKE FORM

All information is strictly confidential and to be used for the sole purpose of required statistical reporting. Your Name and information will **NOT** be released to any third party. **PLEASE PRINT**:

NAME:	
ADDRESS:	
	Tulsa, OK ZIP:
APARTMENT COM	MPLEX NAME:
TELEPHONE NO.	()
SEX OR GENDER	R IDENTITY: Female Male
EMPLOYED? Ye	es No
NUMBER IN HOU	JSEHOLD: Adults + Aged under 18 years = Total
RACE & ETHNICI	ITY: Please check ALL that apply:
Black/African Am.	
Caucasian/White Native Am./Indian	
Nauve Am./ muran	Other (specify):
I hereby certify that	t the above information is true and correct and that I am a Veteran.
Veteran's signature:	:
*******	********OFFICE USE ONLY******************
Photo ID	
Proof of Veteran Sta	ratus Type of Proof

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PERMISSION TO PICK UP GROCERIES

This form is required to be on file before anyone can pick up your monthly groceries for you. Your permission may be revoked at any time either in person or by telephone. If you wish to change the name of the person who will pick up your groceries, please complete a new form and check the "Change in Permission" line below.

I give permission for:		
(Print nam	e of your appointee)	
to pick up my Veteran's Day g	proceries each month for me.	
This is (check 1):		
New Permission	Change in Permission	
My appointee is: family	_ friend other (specify)	
	Date:	
Veteran's Signature		
Print your name clearly:		
Your Address:		
	Tulsa OK ZIP:	