

## Food Pantry Screening Request Form

*Before completing this form please read carefully the required criteria section below.*

**Required criteria to be considered for screening:** 1) Food pantry must have adequate space and provide three 8-foot tables, six chairs and ensure that two electrical outlets are available. 2) The food pantry must also ensure that 50 food pantry users ages 18 and older normally visit the pantry during this time.

**Date Submitted:** \_\_\_\_\_

**Name of Food Pantry:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Physical Food Pantry Address:** \_\_\_\_\_

**Food Pantry Mailing Address (If Different):** \_\_\_\_\_

**Days/Times Food Pantry is Open:**

DAY:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
TIMES:							
AVG. ATTENDANCE (ages 18 and older)							

**Are You Open (circle one):** Weekly Bi-Weekly Once/Month Other

**Comments about Pantry Hours:** \_\_\_\_\_

\_\_\_\_\_

**Requested Day/Date of Screening:** \_\_\_\_\_

**Note:** Please note that we require a 1-month notice prior to scheduling a screening. Your requested date will be reviewed and you should receive a response re: whether or not we will conduct a screening at your location on your proposed date within 2 weeks of form submittal. Thank you!

Please return form to Sarah O'Dell at [sarah.odell@sih.net](mailto:sarah.odell@sih.net) or by mail at 1239 E. Main St. PO Box 3988, Carbondale, IL 62902. For questions call 618-457-5200 ext. 67834