SALT OUTREACH MINISTRY, INC.

3480 Greenbriar Parkway, Suite 305, Atlanta 30331

FOOD DISTRIBUTION REGISTRATION FORM

Date of Distribution: November 21, 2026

PERSONAL INFORMATION

Full Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____ Email Address _____

HOUSEHOLD INFORMATION

# of Adults (18 and older): _____ # of Children (17 and under): _____

Are you currently employed? ☐ Yes ☐ No ☐ Part-Time

ANNUAL INCOME: ☐ $0-$20,000 ☐ $20,000 - $35,000 ☐ $35,000-$50,000

Are you currently receiving any of the following assistance? ☐ SNAP/Food Stamps ☐ WIC

☐ Social Security/Disability ☐ Medicaid ☐ Other: _____ ☐ None

What best describes your current need for food assistance? ☐ Limited household income

☐ Unemployed ☐ Senior Citizen ☐Fixed income ☐Unexpected financial hardship

☐Other: _____

ACKNOWLEDGMENT

I certify that the information provided is true and accurate to the best of my knowledge. I understand that this information will be used by SALT Outreach Ministry, Inc., for food assistance records and program planning.

Signature: _____ Date: _____

SALT OUTREACH MINISTRY, INC. _____

SALT Representative

Please email one form per family to: saltoutreach501@gmail.com

You will be notified via email if you are one of the 50 recipients of a Thanksgiving food box.

Thank you for allowing us to serve you!