



1115 Warner Avenue, Lemont, IL 60439  
 Phone: (630) 257-2522 Fax: (630) 257-1219  
**Human Services Department**

## Lemont Open Food Pantries

### Who is eligible to come to the food pantry?

- Lemont Township Residents
- Lemont Township Residents whose income is at or below the federal guidelines:

200 % of the Poverty Level (All Residents)	
Household Size	30 Day Income
1	\$ 2,146
2	\$ 2,903
3	\$ 3,660
4	\$ 4,416
5	\$ 5,173
6	\$ 5,930
7	\$ 6,686
8	\$ 7,443

225% of the Poverty Level (Seniors and Persons on disability on a fixed income)	
Household Size	30 Day Income
1	\$ 2,415
2	\$ 3,266
3	\$ 4,117
4	\$ 4,968
5	\$ 5,820
6	\$ 6,627
7	\$ 7,522
8	\$ 8,373

### When can residents go to the food pantry?

- Lemont Township has two local food pantries:
  - Bethany Lutheran Church 500 Lemont St. Lemont, IL 60439 is open Tuesday – Thursday from 9:30am-12:30PM
  - Lemont United Methodist Church 25 West Custer St. Lemont, IL 60439 is open Tuesday – Thursday 9:45AM-11AM

### How often can I attend the food pantry?

- You are welcome to visit **each** pantry **once** per month, unless a restriction has been applied.

### How do I get qualified to attend the food pantry?

- In order to receive assistance you must complete the enclosed application and provide the required documentation.
- Anyone on a fixed income such as Social Security, SSI, or Disability your certification will be processed on a yearly basis. For others, your certification will be valid for 3 months
- Upon Certification all of the required documentation will be needed in order to process your application



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## **Lemont Open Pantries Required Documentation**

Please read the list carefully. If you have any questions about the required documentation, please contact the Lemont Township at (630) 257-2522.

*All documentation if required to ensure your application is properly reviewed and certified. Failing to turn in the listed documentation may cause for a delay in processing.*

**Please note, this is an initial list of documents required. Lemont Township reserves the right to request additional documentation for verification purposes.**

- Current Valid Photo ID for all household members 18 and over
- Proof of residency/lease for all household members
- 30-day Income Documentation for all household members
- Zero Income Application, required for all household members 18 and older whom are zero income (if applicable)
- Current Utility Bill (Gas, Electric, Water)
- Copy of SNAP (Link Card) Benefits (if applicable)
- Copy of Medical Card (if applicable)

Please drop off completed applications and required documentation to Lemont Township or email to [stephanie@lemonttownship.org](mailto:stephanie@lemonttownship.org)

All applications will be processed by Stephanie Covarrubias, Director of Human Services, (630) 257-2522 X 19



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## Lemont Open Pantries Application

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**For Office Use Only**

Application Received on: \_\_\_\_/\_\_\_\_/\_\_\_\_ Certified until: \_\_\_\_/\_\_\_\_/\_\_\_\_

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security # \_\_\_\_\_ Gender \_\_\_\_\_

Phone Number \_\_\_\_\_ E-MAIL \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Marital Status: Married  Single  Separated  Divorced  Widowed

Emergency Contact First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relation \_\_\_\_\_ Phone Number \_\_\_\_\_

Do you wish to opt into text message/e-mail alerts? This is used if the food pantry gets a surplus of a particular item or they have a special item they want to alert residents about? Yes  No

List below the names of your spouse, children and any other people living at this address:

Name	Age	Date of Birth	Gender	Relation	Social Security #
_____	_____	____/____/____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____



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Does anyone in your household receive SNAP benefits, please list below:

Name \_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_

Name \_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_

**Income Verification is required for all household members**

- If self-employed – Request Additional Self-Employment Form
- If a household member 18 and over is zero income – Complete Zero Income Application

**Household – Income Verification**

Name	Monthly Income	Type of Income
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does your family qualify for free or reduced meals? Yes  No

Note – Only your family size, contact information, emergency contact and SNAP amount will be shared with the Lemont Open Food Pantries – in order for them to assist you.

**Agreement**

I understand that providing false information, or intentionally failing to disclose information, may cause for any assistance provided for Lemont Township or the Lemont Open Food Pantries to be revoked immediately. By signing this form, I certify the above information is current and correct to the best of my ability.

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Client Signature**

**Date**

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Director of Human Services Approval**

**Date**



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## Zero Income Application

List all Members of the Household 18 and older who are zero income:

Name	Age	Date of Birth	Eligible to be employed	
_____	_____	____/____/____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	____/____/____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	____/____/____	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If a household member is eligible for employment, what are they doing to find employment?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If a household member is not eligible for employment, why not?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How are you maintaining your household expenses?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Agreement

I understand that providing false information, or intentionally failing to disclose information, may cause for any assistance provided for Lemont Township or the Lemont Open Food Pantries to be revoked immediately. By signing this form, I certify the above information is current and correct to the best of my ability.

\_\_\_\_\_

**Client Signature**

\_\_\_\_/\_\_\_\_/\_\_\_\_

**Date**



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**Survey**

This survey is used only for informational purposes in order to improve the food pantry or better serve the residents of Lemont.

What do you like about the food pantries? \_\_\_\_\_

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What items do you go to the food pantry for? \_\_\_\_\_

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What items do you wish were available at the food pantry? \_\_\_\_\_

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What items do you not like that you receive from the food pantry? \_\_\_\_\_

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Are there any changes you would make about the food pantry? \_\_\_\_\_

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