

**Fayette County Pantry Program
Letter of Agreement for Participating Agency**

GOD'S PANTRY FOOD BANK ACCEPTS THE FOLLOWING RESPONSIBILITIES:

1. To provide emergency food assistance upon referral from the participating agency. Client's choice of food will be prorated to family size.
2. To receive phone calls for referral requests.
3. To maintain records including the names and birthdates of all members of the household, addresses, phone numbers, zip code, family size and composition, total monthly income, pantry used, referring agency and dates of service.
4. To serve eligible individuals and families up to once a calendar month.

THE PARTICIPATING AGENCY ACCEPTS THE RESPONSIBILITY TO:


1. Screen clients in person to ascertain low-income status and determine need for emergency food assistance. Check photo identification for all adults and proof of children in household.
2. Place referral requests: stipulating correct size of family, names and birthdates of all members of the household, address, phone number, zip code, total gross monthly income, and other demographic information. **Only Fayette County residents are served in the Fayette County food pantries.**
3. Recognize that God's Pantry Food Bank provides temporary help. The client should be informed of the availability and benefits of other programs operating in the community and assisted in applying to programs to which they are entitled.
4. Make every effort to avoid duplication of services and correctly utilize the Fayette Country Pantry Program.

We mutually agree to keep the needs of hungry people foremost in our attention as we cooperate in the Fayette County Pantry Program.

This agreement will annually renew on the last day of December each year provided neither party has indicated in writing a desire to terminate the relationship.



Michael Halligan
CEO
God's Pantry Food Bank, Inc.



Director's signature *Magor*
Joanna Rodes

Director's printed name
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Date