



South Bay Outreach Center

4046 Marine Ave
Lawndale, CA 90260
310-675-1384

Please schedule a meeting with the Director once you have completed the application.

Food Outreach Application

Date: _____

Applicant Information

Full Name _____
Last First M.I. Age D.O.B

Spouses Name _____
Last First M.I. Age D.O.B

Address _____
Street Address City State Zip Code Apartment/Unit #

Phone _____ Email: _____

Employment & Eligibility

Employment Status Employed Student
 Self-Employed Retired
 Unemployed Unable to Work

Total Household: _____

Preferred Food Pick Up Day

of Adults: _____

of Children: _____

M T W Th F Sat

Monthly Income: _____

Is your spouse employed? Yes No

List names of household members including children:

Your main source of income is: Work SSI
 Benefit Other _____

Name Age

Which benefits are you currently receiving?
 Supplemental Security Income (SSI)
 Social Security Income
 Unemployment Benefits
 MediCare
 MediCal
 CalFresh, SNAP, General Relief, EBT
 Other _____

1. _____
2. _____
3. _____
4. _____
5. _____

Services & Demographics

What other areas of service are you interested in?
 Food Outreach/ Distribution Mail Outreach
 Counseling/ Mental Health Clothing Outreach
 Transitional Living Medical Services
 Job Training/ Employment Legal Services
 Other _____

Ethnicity White Native American
 Hispanic or Latino Asian/ Pacific Islander
 African American