



VETERANS FOOD MARKET REGISTRATION

**FOOD DISTRIBUTION WILL BE ON THE FIRST WEDNESDAY OF EACH MONTH
(SEE SCHEDULE)**

FROM 9:00 a.m. ~ 10:30 a.m.

Food Distribution is at the Coast Guard/Nahant Life Saving Station

Name _____

Address _____ Phone _____ Email: _____

City _____ Zip Code _____

PLEASE COMPLETE THE FOLLOWING SECTION ACCURATELY

****Total # in Household: Children (0-17 yrs) (_____) Adults (18-64 yrs) (_____) Age 65+ (_____)**

DO YOU PARTICIPATE IN THE SNAP PROGRAM: yes or no (circle one)

Signature _____ Date _____

If you will be sending an authorized representative to pick up your food, please complete:

Representative Name _____

Please remind your representative to provide identification at time of pick up.

All FIRST-TIME participants need to provide verification of veteran status.

**Contact Dana Sheehan, Post 215 Nahant Road, Nahant, MA 01908
Attn: Dana Sheehan, 617-233-8600, email: dshee.xy@gmail.com**