



Sts. Peter and Paul Catholic Church  
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**BROWN BAG PROGRAM:  
 Supplemental Food Assistance**

**Request Form**

Recipient Information: (Please Print) Are You A Registered Parishioner of SSPP Parish:  Yes  No

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: M / F Language Spoken: \_\_\_\_\_

Current Address: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email (If available) \_\_\_\_\_

Are You Homebound?  Yes  No Any Pets?  Dog  Cat  Bird

Total Number of Persons living in Household \_\_\_\_\_ (including yourself)

Household Members: (Please print full names, age, and gender of all those living with you.)

Name	Age	Gender
1.		M / F
2.		M / F
3.		M / F
4.		M / F
5.		M / F

Please be assured that all personal information provided to the Church will remain confidential. Also be advised that in exceptional circumstances, we regret that we may not be able to fulfill your request due to geographic distances and limited resources. Our Catholic Care Project does not allow for specific food selections or requests, as we are totally dependent on food donations and are blessed by the generosity of our parishioners.

**Photo Release** - I understand that promotional pictures (individual and group) may be taken during our events. I give permission for my picture to be used for promotional materials (newsletter, web page, calendars, power point, etc.) in highlighting the event. All photos and copyrights belong to Sts. Peter and Paul Catholic Church

Signature of person requesting assistance: \_\_\_\_\_ Date: \_\_\_\_\_

Form Completed By: \_\_\_\_\_ Ministry Referred By : \_\_\_\_\_