

All referrals must be submitted by 12pm one business day before the desired pickup or delivery date.

Please fill out the form COMPLETELY. Incomplete forms will require a call back and could delay food assistance.

Referrals must have a day and time that matches the schedule below.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<u>3rd Monday of the month ONLY</u> Market @ Pilgrim Church United Church of Christ (PCUCC) 2206 Briggs Rd Silver Spring 20906 2:30p-5:30p	Market @ Old Columbia Pike (OCP) 12301 Old Columbia Pike, Silver Spring 20904 9a-12p & 4p-7p	Clifton Park Baptist Church (CLIF) 8818 Piney Branch Rd., Silver Spring 20904 4p-7p	Market @ Old Columbia Pike (OCP) 12301 Old Columbia Pike, Silver Spring 20904 9a-12p & 1p-3p	Market @ Old Columbia Pike (OCP) 12301 Old Columbia Pike, Silver Spring 20904 10-12p & 1p-3p	<u>1st Saturday of the month ONLY</u> Market @ Old Columbia Pike (OCP) 9a-12p
	Glenmont United Methodist Church (GLEN) 12901 Georgia Ave, Silver Spring 20906 3p-6p	Market @ the Grove (USG) Universities at Shady Grove** 9361 Gudelsky Drive USG Lot 2 Rockville 20850 3p-6p	Salvation Army (GERM) 20021 Aircraft Dr, Germantown 20874 2p-5p		<u>3rd Saturday of the month</u> Colesville Presbyterian Church (CPC) 12800 New Hampshire Ave, Silver Spring 20904 10a-1p
	Gaithersburg Middle School (GMS) 2 Teachers Way, Gaithersburg 20877 5p-7p	<u>2nd Wednesday of the month ONLY*</u>	Glenmont United Methodist Church (GLEN) 12901 Georgia Ave, Silver Spring 20906 2p-5p		<u>2nd and 4th Saturdays of the month</u> Blair High School Parking Lot (BHS) 51 University Blvd E. Silver Spring 20901 9a-10a
Caseworkers ONLY are able to pick up from Manna’s warehouse (WARE) Mon-Fri between 9a-3p.					

****If you select USG**, please be sure to indicate if the person being referred is staff, faculty or student at the college. Select "Other" for any Montgomery County resident not affiliated with USG.

Manna offers a limited number of home deliveries for people who qualify.

Please note: If you select the delivery option, please provide specific delivery instructions (e.g. entry code, apartment #).

Delivery referrals are not complete without this information.

Schedule is subject to change without notice. Please check our [website](#) regularly for updates.

In the case of inclement weather, please call 301-424-1130 or check Manna's social media feed for the most up to date information about closures or changes to our schedule.



Agency Information

Agency Name _____

Contact _____

Phone _____

Participant Information

Last Name _____
As it appears on ID

First Name _____
As it appears on ID

Birth Date _____
MM/DD/YYYY

Street Address _____

Apt/Unit # _____

City, Zip Code _____

Email _____

Phone _____

Number of Adults _____ Number of Children _____

Transportation

Own Vehicle Ride: Friend/Family Other

Metro Walk Bus Taxi

Emergency Contact

Name _____

Phone _____

Relationship _____

Eligibility Details

Employment Employed Unemployed Seasonal

Full Time Part Time

Permanent Temporary

Income \$ _____ Monthly \$ _____ Yearly

\$ _____ Weekly \$ _____ Biweekly

\$ _____ SNAP \$ _____ Unemployment

\$ _____ SSI, Supplemental Security Income

\$ _____ SSDI, Social Security Disability Income

\$ _____ TANF, Temp. Assistance for Needy Families

\$ _____ Other Income (e.g. child support)

\$ _____ Social Security Retirement

Energy Assistance Medicaid

Rental Assistance (HOC) WIC

Participant Demographics

Primary Language _____

Gender Female Male _____

Ethnicity Hispanic or Latino Prefer Not To Answer

Not Hispanic or Latino

Race

American Indian or Alaskan Native

Black/African American

Hawaiian or Pacific Islander

White Asian Prefer Not To Answer

Military/Veteran Status

No Military Service Prefer Not to Answer

Active Duty, Uniformed Service Reserves

Active Duty, National Guard Veterans

Pickup/Delivery Details

Dietary Needs

Diabetic/Vegetarian-friendly

(more whole grains, plant protein, less sodium, canned fish)

Limited food storage or refrigeration

Limited food storage or lack of cooking equipment

Specific medical or religious needs (describe below)

Please provide details below:

Pickup Date (MM/DD/YY) _____

Pickup Location (Select One)

CLIF GLEN OCP

CPC GMS BHS

GERM PCUCC WARE

USG: Faculty Staff Student Other

**Please review Page 1 of this document
for our current distribution schedule.**

If your client needs delivery please, select a qualification below.

Senior (65+) living alone Disability

Please provide delivery instructions below:
(e.g. access/entry code, apartment #)