

NEW CLIENT REGISTRATION FORM

Please Print

Administrative Fields

Your Information:

First Name: _____ Last Name: _____

Date of Birth: _____ Email: _____
(mm/dd/yy)

Address: _____ City: _____ Zip: _____

Mobile Phone: _____ **Pantry Client #:** _____ **Date Registered:** _____

Are you a Veteran? Yes No **Address Verified** **Date of Birth Verified**

Language Preference: English (1) Spanish (2) Portuguese (3) Other (4) _____

Additional Persons Who Live In Your Household

First Name	Last Name	Year of Birth	Relationship
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

____ Number of **Adults** (Age 18 to 64) ____ Number of **Children** (Age 17 & under)

____ Number of **Seniors** (Age 65+ higher)

Information Required For USDA

If you receive any of these services or your gross income is below fuel assistance guidelines, you are eligible for USDA food. Check off boxes for services received:

WIC Welfare SSI Fuel Assistance Food Stamps

Veterans Aid Head Start AFDC Medicaid

Does your gross income meet fuel assistance guide lines? Yes No

I hereby declare my eligibility for receipt of USDA food: _____

(Client Signature)

I hereby certify that all the information given by me is true and correct to the best of my knowledge. I understand that if any of this information is false, I will be banned from this food pantry.

 (Client Signature)

 (Name of Interviewer)