

AGENCY CLIENT INTAKE FORM



AGENCY NAME: _____

DATE: _____

New Client Certification Client Re-Certification

Client ID# _____

CLIENT INFO

Client Name (PRINT): _____	
Client Address: _____	
City: _____	
State: _____	Zip: _____
Telephone Number: _____	County: _____

HOUSEHOLD INFO

Total Number of household members (over age 18) _____

Total number of household members (under age 18) _____

Total Number of household members (over age 65) _____

Name:	Age	Relationship

The undersigned client certifies that the information/answers provided are complete and true. You further agree to the following:

- You understand that this food pantry is to be used as an emergency resource only and is meant to supplement additional assistance or resources you may receive.
- Food is provided on a **FIRST COME, FIRST SERVE** basis and I relinquish this Food Pantry and the Community FoodBank of New Jersey of all liability of any nature whatsoever and accept the food "AS IS" and at my own risk.
- There is no guarantee to the amount or type of food product given.
- You will not sell the food or non-food products or exchange/barter food or non-food products for services.
- Inappropriate behavior such as profanity, littering, verbal abuse of staff or any other disruptive behavior is prohibited. Any such behavior may result in the suspension or termination of your privileges at this Food Pantry.

CLIENT SIGNATURE: _____ DATE: _____

Agency Use Only

<p>1. <input type="checkbox"/> TANF (Temporary Assistance for Needy Families)</p> <p>2. <input type="checkbox"/> SNAP (Supplemental Nutrition Assistance Program) <i>Ran out/Insufficient <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Not Received <input type="checkbox"/></i></p> <p>3. <input type="checkbox"/> SSI (Supplemental Security Income)</p>	<p>4. <input type="checkbox"/> WIC (Women Infants and Children)</p> <p>5. <input type="checkbox"/> MEDICAID</p> <p>6. <input type="checkbox"/> LOW INCOME (per USDA Eligibility Guidelines)</p>
<p>7. <input type="checkbox"/> DISASTER <i>(ex. divorce, domestic violence, unusual expense, sudden unemployment, etc.)</i></p>	
<p>Proof of residency/income documentation provided:</p> <p><input type="checkbox"/> Drivers License <input type="checkbox"/> Benefit Letter</p> <p><input type="checkbox"/> Benefit ID <input type="checkbox"/> Pay Stub</p> <p><input type="checkbox"/> OTHER _____</p>	<p>HOMELESS? <input type="checkbox"/> Yes <input type="checkbox"/> No TRANSPORTATION? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Client qualifies for:</p> <p><input type="checkbox"/> SFPP <input type="checkbox"/> TEFAP <input type="checkbox"/> Agency Private Purchase</p> <p>Verified by: _____</p> <p>DATE: _____</p>