



CLIENT INFORMATION

Please fill as much information as possible.

DATE:

CLIENT NAME:

EMAIL:

CELLPHONE:

DATE OF BIRTH:

SSN (LAST 4 DIGITS):

CLIENT ADDRESS:

SEX:

HOUSEHOLD INFORMATION:

Combined Household Income

List all the names (first & last), sexes, dates of birth and relationships of household family members

Total number of household members

Total number of household members under 18

Total number of household members over 65

SOURCES OF INCOME:

- Employment
- Public Assistance
- Child Support
- Social Security benefits
- Supplemental Security Income (SSI)
- Food stamps/SNAP
- Women, Infants, and Children (WIC)
- Other

CLIENT'S AGREEMENT

I am accepting a charitable donation of food from the food pantry. I hereby relinquish the mobile food pantry of all liability of any nature whatsoever, and accept the food products "as is" and at my own risk. I certify that the information provided is complete and true. I further agree to the following:

- I understand that this mobile food pantry is to be used as an emergency resource only and is meant to supplement additional assistance or resources I may receive.
- I understand that food is provided on a FIRST COME, FIRST SERVED basis and I relinquish this whatsoever.
- I understand there is no guarantee to the amount or type of food product given.
- I will not sell the food or non-food products or exchange/barter food or non-food products for services.
- I understand that inappropriate behavior such as profanity, verbal abuse of staff or any other disruptive behavior is prohibited. Any such behavior may result in the suspension or termination of my privileges at this mobile food pantry.

Client's Signature:

Date: