

Name: _____

Date of intake: _____

Phone Number: _____ Address: _____

Total individuals in household:

Infants (< 2) _____ Toddlers (2-5) _____ Children (6-17) _____ Adults (18-59) _____ Seniors (60+) _____

Please list and provide identification for each person in your household
(*use additional sheets if necessary)

First Name	Last Name

Statement of Service

You will not be turned away on your first visit because of a lack of identification, lack of referral or inability to prove address. You will not be asked to provide your Social Security number to receive food. If you are currently homeless or in a transitional/temporary housing situation, please let the staff/volunteer assisting you know that you may not be able to provide a current address. To best assist all of those in need, this agency may limit the services they provide to a defined area and number of times per month you may return.

If you are authorizing someone else to pick-up on your behalf, please print name below or attach proper documentation.

Additional Notes & Comments:

Date of Visit _____ Staff Initials _____
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