

NEW VISITORS TO THE FOOD PANTRY:

Just for our record-keeping, we would greatly appreciate if you could list the following information for the Food Pantry. This is only for our use and we will not disclose any of this information to any person or organization. Thank you!!

Date: _____

My full name: _____

PLEASE CLEARLY PRINT FIRST AND LAST NAMES

Address: _____

Telephone number: _____

How did you hear about the Food Pantry? _____

Are you employed? yes _____ no _____

of adults in my household: _____

Names, ages and gender of children/dependants and their ages:

Name: _____	Age: _____	M _____	F _____
Name: _____	Age: _____	M _____	F _____
Name: _____	Age: _____	M _____	F _____
Name: _____	Age: _____	M _____	F _____
Name: _____	Age: _____	M _____	F _____

Do you receive Food Stamps? Yes _____ No _____

Please list any special dietary restrictions: _____

My approx. annual household income is: \$ _____

(It would be helpful for us to have this information, but you are not required to provide it)

Signature (head of household): _____