

Emergency Food REGISTRATION FORM

Date: _____

Name (Print): _____

Birthdate: _____

Street Address: _____ Town & zip code: _____

Phone #: _____ E-mail: _____

Number of adults in household: _____ Number of children under 18 in household: _____

QUALIFYING REASON (PLEASE CIRCLE)

1. **TANF (Temporary Assistance for Needy Families – Social Services Program)**
2. **SNAP/Foodstamps** **Ran out/insufficient** **Lost** **Stolen** **Not received**
3. **SSI (Supplemental Security Income) – NOT SOCIAL SECURITY**
4. **WIC (Women, Infants, and Children)**
5. **MEDICAID**
6. **LOW INCOME (185% of poverty)**
7. **DISASTER (Other – can be divorce, domestic violence, unusual expense, loss of employment, etc.)**

Please explain: _____

I am accepting a charitable donation of food from the Emergency Food Pantry. I hereby relinquish the Food Pantry of all liability of any nature whatsoever, and accept the food products "as is" and at my own risk.

I certify that my total yearly gross household income is at or below 185% of poverty, OR that my household participates in the program(s) that I have checked on this form.

CLIENT SIGNATURE _____ **DATE:** _____

Interviewer Name: _____

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- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

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