

# MOBILE PANTRY REGISTRATION FORM



Date: \_\_\_\_\_

Site: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Street Address: \_\_\_\_\_

Town & zip code: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Number of adults in household: \_\_\_\_\_

Number of children under 18 in household: \_\_\_\_\_

## QUALIFYING REASON (PLEASE CIRCLE AND CHECK WHERE APPROPRIATE)

1. **TANF (Temporary Assistance for Needy Families – Social Services Program)**
2. **FOOD STAMPS/SNAP**    \_\_\_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 (see USDA guidelines on this sheet)**
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 meets the criteria / participates in the program(s) that I have checked on this form.

**CLIENT SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Interviewer Name: \_\_\_\_\_

Once the registration form is filled out one of the following can be done.

- 1) Your office can hold them in a folder (I will come and pick them up)
- 2) You can drop them off at my house (**737 Jamaica Blvd** - put the registration form in the black box on my front table) I live opposite the Mini Mall.