

Resurrection Life Food Pantry

CLIENT INFORMATION FORM

Client ID #: _____ - _____ - _____ (Office Use Only)

Last Name: _____ First Name: _____

Street: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ Date of Birth: ____/____/____ Sex: **M / F**

Total Number of people in Household: _____ (please list all household members other than yourself in the space indicated below)

Total Household Income: \$ _____ per week / month / year
(circle one)

| <u>Source of Income</u> | <u>Amt.</u> | <u>Other Support</u> | <u>Household Type</u> | <u>Education</u> |
|---|-------------|--|--|--|
| <input type="checkbox"/> Employment _____ | | <input type="checkbox"/> Food Stamps _____ | <input type="checkbox"/> Single Parent / F _____ | <input type="checkbox"/> Grade 0 - 8 _____ |
| <input type="checkbox"/> Unemployment _____ | | <input type="checkbox"/> Medicaid _____ | <input type="checkbox"/> Single Parent / M _____ | <input type="checkbox"/> 9-12 Non Graduate _____ |
| <input type="checkbox"/> Soc. Sec. Income _____ | | | <input type="checkbox"/> Two Parent HH _____ | <input type="checkbox"/> High Sch Grad/GED _____ |
| <input type="checkbox"/> Soc. Sec. Disab. _____ | | | <input type="checkbox"/> Single Person _____ | <input type="checkbox"/> Grade 12+ _____ |
| <input type="checkbox"/> Social Services _____ | | | <input type="checkbox"/> Two Adults _____ | |
| <input type="checkbox"/> Home Relief _____ | | | <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Other _____ | | | | |

_____ FOR STATISTICAL _____ PURPOSES ONLY _____

HOUSEHOLD MEMBER INFORMATION

| | | | |
|------------|--------------------|--------------------|--------------------------|
| Name _____ | DOB ____/____/____ | Relationship _____ | Auth to P/U Y / N |
| Name _____ | DOB ____/____/____ | Relationship _____ | Auth to P/U Y / N |
| Name _____ | DOB ____/____/____ | Relationship _____ | Auth to P/U Y / N |
| Name _____ | DOB ____/____/____ | Relationship _____ | Auth to P/U Y / N |
| Name _____ | DOB ____/____/____ | Relationship _____ | Auth to P/U Y / N |
| Name _____ | DOB ____/____/____ | Relationship _____ | Auth to P/U Y / N |
| Name _____ | DOB ____/____/____ | Relationship _____ | Auth to P/U Y / N |

I certify that all of the information given on this form is current and accurate. I agree that I will notify the Resurrection Life Fellowship Food Pantry, should any of the information given on this form change at any time. I understand that failure to do so will disqualify me from receiving items from the Food Pantry. I also understand that I must remain "eligible" to continue to receive items from the pantry. Resurrection Life Fellowship, Inc. assumes no responsibility / liability for the condition of the product it receives from outside sources.

Client Signature _____/_____/_____
Date

PANTRY USE ONLY

Pantry Intake Volunteer Signature APPROVED Y/N: _____
_____/_____/_____
Date