

Stillwater Food Pantry Intake Form

NAME: _____ DATE: _____

STREET ADDRESS: _____ APT.#/Floor: _____

COUNTY: _____ PHONE NUMBER: _____

EMAIL: _____ CELL #: _____

HOUSEHOLD INFORMATION

How Many **Adults (18-64)** Live In Your Household? _____

NAME:

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

How Many **Children (0-17)** Live in Your Household? _____

NAME:

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

How Many **Seniors (65+)** Live in Your Household? _____

NAME:

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

Do you receive SNAP? _____ Are you interested in learning about SNAP? _____

Do you have Health Insurance? _____

Are you interested in learning about free/low cost health coverage? _____

Do you receive WIC? _____ Are you interested in learning about WIC benefits? _____

I understand the rules and regulations for using a food pantry and I agree to follow them. I further state the above information written on this form is true. I understand that if I fail to follow the rules or give false information that I may be refused service from this pantry.

CLIENT SIGNATURE: _____