



## Food Pantry Application Form

Last Name	First Name	Date	Intake/Recertification
Street Address	City/State/Zip	Home Phone	Cell Phone

Date of Birth	Occupation /Employer	Birth Place	Race / Ethnicity (OPTIONAL)	Citizen	Resident
				Y   N	Y   N
				Y   N	Y   N

Names of Single Children	Date of Birth	Occupation/School/Birth Certificate

Others in Household	Relationship to Head of Household

**Income Sources (Monthly)**

Employment / Unemployment:	\$
Public Assistance / Welfare:	\$
Supplemental Nutrition Assistance Program (SNAP):	\$
SSI (Supplemental Security Income):	\$
Disability:	\$
Pension:	\$
Other Income:	\$
Are you or a member of your family active or retired military?	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>MONTHLY TOTAL</b>	<b>\$</b>



Do you or anyone in your family or household have:

\*Any Dietary Restrictions? Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, which foods?

\*Any Food Intolerances? Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, which foods?

\*Any food allergies? Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, which foods?

The undersigned client certifies that the information/answers provided are complete and true. You further agree to the following:

- You understand that this food pantry is to be used as an emergency resource only and is meant to supplement additional assistance or resources you may receive.
- Food is provided on a FIRST COME, FIRST SERVED basis and I relinquish the Nutley Family Service Bureau Pantry of all liability of any nature whatsoever and accept the food "AS IS" and at my own risk.
- There is no guarantee to the amount or type of food product given.
- You will not sell the food or non-food products or exchange/barter food or nonfood products for services.
- Inappropriate behavior such as profanity, verbal abuse of staff or any other disruptive behavior is prohibited. Any such behavior may result in the suspension or termination of your privileges at this food pantry.

To my knowledge, the above information is true. If there are any changes in my circumstances or contact information, I will notify NFSB as soon as possible.

CLIENT SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_