

Sherwood Shares Food Pantry Intake Form

Name _____

Date _____

Address _____

City _____

State _____

Zip _____

Phone Number (____) ____ - _____

Number of People in the Household _____

Are you currently receiving any form of government assistance, i.e.: Food Stamps, Social Security, etc.?

Receiving government assistance is an income eligible indicator, allowing food pantry staff to know you automatically are eligible to receive USDA commodities.

Yes ___ No ___

If no, are you self-declaring eligibility? Yes ___ No ___

Signature _____

Date _____

Notice to Clients

If you receive food from the emergency pantry, please note the following:

This pantry will NOT:

1. Charge a fee or accept monetary donations for food or non-food items you receive.
2. Require you to provide a service, participate in a religious event or join any part of this organization as a condition of receiving food.
3. Refuse assistance to you based on race, color, age, religion, national origin, disability, gender, sexual orientation or political affiliation.

This pantry must implement guidelines and post them where clients can see them stating any limitations that would affect service, stating the following:

1. Pantry days and hours of operation.
2. How often your household may visit this pantry.
3. Any service area restrictions.
4. Refuse service to any individual posing a health hazard, been verbally or physically abusive or have threatened harm to volunteers, staff or other clients.