**Sudbury Community Food Pantry**

**Registration Form**

Date Registered\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_ First Last

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_

🞏 Address Verified 🞏 Date of Birth Verified

Additional **Family Members**:

First Name Last Name Year of Birth Relationshp

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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Number Over 64 \_\_\_\_\_ Number Under 18 \_\_\_\_\_ Number in Household\_\_\_\_\_\_ Number of Veterans\_\_\_\_

Language Preference:

🞏 English (1) 🞏 Spanish (2) 🞏 Portuguese(3) 🞏 Other (4) \_\_\_\_\_\_\_\_\_\_\_

I hereby certify that I or no other member of my household has registered with the Sudbury Community Food Pantry since July 3, 2012 and all the information given by me is true and correct to the best of my knowledge. I understand that if any of this information is false, I will be banned from this Food Pantry.

Signature of Client\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Interviewer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Information Required for USDA**

If you receive any of these services or your gross income is below fuel assistance guidelines, you are eligible for USDA food. Check off boxes for services received:

🞏 WIC 🞏 Welfare 🞏SSI 🞏Fuel Assistance 🞏 Food Stamps 🞏 Veterans Aid

🞏 Head Start 🞏AFDC

Does your gross income meet fuel assistance guide lines? 🞏 Yes 🞏 No

I hereby declare my eligibility for receipt of USDA food\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Sign here)