

**Sudbury Community Food Pantry
Registration Form (Please Print)**

Date Registered _____ phone number _____ Client # _____

Name _____ Date of Birth _____
First Last

Address _____ City _____ Zip Code _____

Address Verified Date of Birth Verified

Additional Persons who live in your household

First Name	Last Name	Year of Birth	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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)