

Emergency Food REGISTRATION FORM

Date: _____

Name (Print): _____

Birthdate: _____

Street Address: _____ Town & zip code: _____

Phone #: _____ E-mail: _____

Number of adults in household: _____ Number of children under 18 in household: _____

QUALIFYING REASON (PLEASE CIRCLE)

1. TANF (Temporary Assistance for Needy Families – Social Services Program)
2. SNAP/Foodstamps Ran out/insufficient Lost Stolen Not received
3. SSI (Supplemental Security Income) – NOT SOCIAL SECURITY
4. WIC (Women, Infants, and Children)
5. MEDICAID
6. LOW INCOME (185% of poverty)
7. DISASTER (Other – can be divorce, domestic violence, unusual expense, loss of employment, etc.)

Please explain: _____

I am accepting a charitable donation of food from the Emergency Food Pantry. I hereby relinquish the Food Pantry of all liability of any nature whatsoever, and accept the food products "as is" and at my own risk.

I certify that my total yearly gross household income is at or below 185% of poverty, OR that my household participates in the program(s) that I have checked on this form.

CLIENT SIGNATURE _____ DATE: _____

Interviewer Name: _____

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http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

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