

Daily Bread Food Pantry — Client Intake Form

Confidential

Control Number _____

Family Name: _____

Address: _____

Town: _____ **Zip Code:** _____

Phone Number: _____ **Email:** _____

Referral Agency: _____

Agency Phone Number: _____

First Visit (Date): _____

Supervisor: _____

Household Information: **Primary Language:** _____

	Date of Birth	Sex
Adult Name: _____	/ /	M / F
Adult Name: _____	/ /	M / F
Adult Name: _____	/ /	M / F
Child Name: _____	/ /	M / F
Child Name: _____	/ /	M / F
Child Name: _____	/ /	M / F
Child Name: _____	/ /	M / F
Child Name: _____	/ /	M / F
Child Name: _____	/ /	M / F
Child Name: _____	/ /	M / F

Family Size: _____

Infant to Toddler: (0-4) _____ **School Age: (5-17)** _____

Adults: (18-64) _____ **Elderly: (65 & UP)** _____

PRIMARY HOUSEHOLD INCOME SOURCE: (Please Check Only One)

Employment: _____ **Unemployment:** _____

Social Security: _____ **Welfare: (TANF/EADC)** _____

Other: _____ **None:** _____

FEDERAL PROGRAMS: Please Check all that apply:

Food Stamps: _____ **WIC:** _____

School Breakfast: _____ **School Lunch:** _____

Summer Food Service Program (SFSP): _____

CLIENT LIABILITY WAIVER

In accepting food from the food pantry, I accept full responsibility for the purity and fitness of all items I take from the food pantry. I will inspect all such food and allow no one to consume any items of questionable purity. Any liability for illness or other harm arising from the use or misuse of the food I take transfers from the food pantry, its donors, staff and all others to me upon my acceptance of the food.

Date: _____ **Client Signature:** _____

I have fully explained the guidelines and policies of the food pantry to the client.

Date: _____ **Client Signature:** _____

Board Member's Name: (PRINT) _____

Board Member's Signature: _____