



Human Needs Food Pantry
CLIENT INTAKE FORM

Date: _____

New Client Certification _____
or Client Re-Certification _____

Client Name: _____
Last 4 numbers of social security: _____ DOB: _____
Client Address: _____
City: _____ County: _____
State: _____ Zip: _____
Phone: (home) _____ (cell) _____

Household Info:

List names, ages and relationships of household family members

Total number of household members under age 18 _____
Total number of household members over age 18 _____
Total number of household members over age 65 _____

The undersigned client certifies that the information/answers provided are complete and true. You further agree to the following:

- You understand that this food pantry is to be used as an emergency resource only and is meant to supplement additional assistance or resources you may receive.
- Food is provided on a FIRST COME, FIRST SERVED basis and I relinquish this Food Pantry and the Community FoodBank of NJ of all liability of any nature whatsoever and accept the food "AS IS" and at my own risk.
- There is no guarantee to the amount or type of food product given.
- You will not sell the food or non-food products or exchange/barter food or non-food products for services.
- Inappropriate behavior such as profanity, verbal abuse of staff or any other disruptive behavior is prohibited. Any such behavior may result in the suspension or termination of your privileges at this food pantry.

CLIENT SIGNATURE: _____

Date: _____