



## AKWESASNE FOOD PANTRY INTAKE FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt.# \_\_\_\_\_

Town: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### HOUSEHOLD INFORMATION

TOTAL NUMBER IN HOUSEHOLD \_\_\_\_\_

How many **ADULTS (18-59)** Live in Your Household? \_\_\_\_\_

Name:

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

How many **CHILDREN (0-17)** Live in Your Household? \_\_\_\_\_

Name:

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

How many **SENIORS (60+)** Live in Your Household? \_\_\_\_\_

Name:

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Do you receive SNAP? \_\_\_\_\_ Are you interested in learning about SNAP? \_\_\_\_\_

Do you have Health Insurance? \_\_\_\_\_ Would like information on low cost health coverage? \_\_\_\_\_

Do you receive WIC? \_\_\_\_\_ Are you interested in learning about WIC? \_\_\_\_\_

I understand the rules and regulations for using the Akwesasne Food Pantry and I agree to follow them. I further state the above information written on this form is true. I understand that if I fail to follow the rules or give false information that I may be refused service from this pantry.

Do you attest that your household income is at or below the income listed on the USDA Commodities income guidelines for the number of people in your household?

Yes \_\_\_\_\_ No \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_