

Number in Household: _____

Check Box if this is first time visiting Hope Food Pantry.

	First Name	Last Name	Adult or Child	Age	Gender	Ethnicity
1)						
2)						
3)						
4)						
5)						
6)						
7)						
8)						
9)						
10)						

Gender
F: Female M: Male

Ethnicity
White
Asian
Latino
American Indian and/or Alaskan Native
Black or African American
Native Hawaiian and Pacific Islander
Other race and two or more races

Street Address: _____

City/Zip: _____

Address Validation:
Photo Identification (preferred)
Current Postal Mailing

Phone Number: _____ With Area Code

Household Income: \$	Weekly
\$	Bi-Weekly
\$	Monthly

Office Use Only
<input checked="" type="checkbox"/> Information filled in completely.
<input type="checkbox"/> Validated address information.
<input type="checkbox"/> Checked log sheet.
<input type="checkbox"/> Entered in log sheet.
Served by:
Served date:
Comments:
Week #
Input by:
Input date:
Other:

Guidelines:

- 1) All food items are checked for expiration dates at the time they are received into the Hope Food Pantry. We ask, however, that you also check the expiration dates on the items you receive. If any item is outdated, you may return it for another item.
- 2) The Hope Food Pantry can be used every other week.
- 3) All information gathered is for recording purposes only. It is necessary that information be complete and accurate.
- 4) By signing this form, I waive the Hope Food Pantry, the Community Center of Hope, Inc., and its employees and volunteers from any liability associated with the consumption of an outdated food item.

Signature

Date