



# Food Pantry Intake Form

All CAFB Partner Agencies are required to use this intake form

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Number of People in Household: \_\_\_\_\_

Are you currently receiving any form of government assistance, ie: Food Stamps, Social Security, etc.?

*Receiving government assistance is an income eligibility indicator, allowing food pantry staff to know you are automatically eligible to receive USDA commodities.*

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

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

## NOTICE TO CLIENTS

If you receive food from this emergency pantry, please note the following:

This emergency food pantry is a Partner Agency of the Capital Area Food Bank (CAFB), and as such has agreed to follow CAFB policies and procedures and Internal Revenue Service (IRS) regulations regarding distribution of donated goods.

This pantry CANNOT:

- Charge a fee or accept monetary donations for food and non-food items you receive.
- Require you to provide a service, participate in a religious event or join any part of this organization as a condition of receiving food.
- Refuse assistance to you based on race, color, age, religion, national origin, disability, gender, sexual orientation or political affiliation.

\*This pantry must implement guidelines and post them where clients can see them stating any limitations that would affect service, stating the following:

- Pantry days and hours of operation.
- How often your household may visit this pantry.
- Form of identification, if any, necessary to receive food.
- Any service area restrictions (Example: serves only specific zip code or school boundary).
- Refuse service to individuals posing a health hazard, been verbally or physically abusive or have threatened harm to volunteers, staff or other clients.



***\*Pantry guidelines MUST be clearly posted.***