Client Intake Form

Intake Type?
- ☐ New Client
- ☐ Lost Card
- ☐ Update Info

The information in the top part of this form is mandatory for any household to receive government commodities at the food bank. This form and the information it contains are subject to annual updates.

_____
Client Name: First, Last

Are you homeless?
- ☐ Yes
- ☐ No

_____
Street Address, including apt number

_____
City, State, ZIP

_____ _____ _____
Language Ethnicity Number in Household

By my signature below, I **CERTIFY** that

1) My family meets the current USDA income requirements as posted by Neighbors In Need
2) I agree to notify Neighbors In Need of any changes in address, and any changes in family size
3) I am declaring that members of my household are in need of this food. The food will be used for home consumption only and **WILL NOT BE SOLD, TRADED OR BARTERED**
4) Neighbors In Need is the ONLY food bank I receive federal commodities
5) I am declaring that the address shown above is correct and that I reside within the food bank service boundaries

_____ _____
Client Signature Date

The information at the bottom of this form is required by Neighbors In Need **ONLY**; however you will not be denied **GOVERNMENT COMMODITIES** if you refuse to provide this information.

HOUSEHOLD MEMBERS

Note: The applicant must also include themselves in this section

NAME (First Name, Last Name)	BIRTHDATE (YYYY-MM-DD)	GENDER (M/F)	DISABLED? (Check if yes)	VETERAN? (Check if yes)
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐