



FRANKLIN FOOD BANK AGENCY INTAKE FORM



DATE: _____ NEW CLIENT CERTIFICATION CLIENT RE-CERTIFICATION

CLIENT INFO

CLIENT NAME: (PRINT) _____
 CLIENT ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____
 TELEPHONE NUMBER: _____ EMAIL: _____

HOUSEHOLD INFO

Total Number of Household Members (under age 18) _____

Total Number of Household Members (over age 18) _____

Total Number of Household Members (over age 65) _____

NAME	AGE	DATE OF BIRTH	RELATIONSHIP

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

- You understand that the Franklin Food Bank 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 SERVE basis and you relinquish the Franklin Food Bank and the Community Food Bank of New Jersey of all liability of any nature whatsoever and accept the food "AS IS" and at your own risk.
- There is no guarantee to the amount or type of food or produce 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, littering, 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 the Franklin Food Bank.

CLIENT SIGNATURE: _____

DATE: _____

AGENCY USE ONLY

- TANF (Temporary Assistance for Needy Families)
- SNAP (Supplemental Nutrition Assistance Program)
- Ran out/insufficient Lost Stolen Not Received
- SSI (Supplemental Security Income)

- WIC (Women Infants & Children)
- MEDICAID
- LOW INCOME (per USDA Eligibility Guidelines)
- DISASTER (ex. Divorce, Domestic Violence, Unusual Expense, Sudden Unemployment, etc.)

Proof of residency/income documentation provided:

- Driver's License Benefits Letter
- Benefit ID Pay Stub
- Other _____

HOMELESS? Yes No TRANSPORTATION? Yes No

Client qualifies for:

- SFPP TEFAP AGENCY PRIVATE PURCHASE

Verified by: _____

ARE THERE ANY VETERANS RESIDING IN THE HOME? YES NO

Date: _____