



Franklin Food Bank Agency Intake Form



Date _____

New Client Certification

Client Re-Certification

CLIENT INFO	Client Name (Print):				Date of Birth:	
	Street Address:					
	City:		State:	Zip Code:	County:	
	Phone Number:		Email:			
HOUSEHOLD INFO	Name		Age	Date of Birth	Relationship	ID
Are there any VETERANS in the household? <input type="checkbox"/> YES <input type="checkbox"/> NO		Are you HOMELESS ? <input type="checkbox"/> YES <input type="checkbox"/> NO		Do you have TRANSPORTATION to the Food Bank? <input type="checkbox"/> YES <input type="checkbox"/> NO		

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	Commodity Eligibility: <input type="checkbox"/> TANF (Temporary Assistance for Needy Families) <input type="checkbox"/> SNAP (Supplemental Nutrition Assistance Program) <input type="checkbox"/> LOW INCOME (per USDA guidelines) <input type="checkbox"/> SSI (Supplemental Security Income) <input type="checkbox"/> WIC (Women, Infants & Children) <input type="checkbox"/> MEDICAID <input type="checkbox"/> DISASTER (i.e., Divorce, Domestic Violence, Unusual Expense)	Client qualifies for: <input type="checkbox"/> SFPP <input type="checkbox"/> TEFAP <input type="checkbox"/> Agency Private Purchase	Proof of Residency / Income Documentation Provided: <input type="checkbox"/> Driver's License <input type="checkbox"/> Benefit ID <input type="checkbox"/> Benefits Letter <input type="checkbox"/> Pay Stub <input type="checkbox"/> Other: _____
	Verified by:		Date:



Franklin Food Bank Agency Intake Form

