



MEACO INITIATIVE FOOD PANTRY REGISTRATION FORM

Form B

(client may fill this out)

Date of Intake: _____

Are you homeless? Yes No If no, please complete address portion of form.

Household Information

YOUR NAME							
ADDRESS (if available)							
CITY / STATE / ZIP / COUNTY							
PHONE							
Number in Household							
GROSS INCOME <small>Amount before deductions</small>	\$		Per Year		Per Month		Per Week

Does your family receive any type of assistance? Yes No

Temporary Assistance To Needy Families (TANF)		SNAP (Food Stamps)	
SSI		Medicaid	
NSLP		Temporary Crisis	

Military Status:

Active Military		Retired Military		Reserve Military		Veteran	
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Please select your race:

American Indian or Alaska Native		Asian		Black or African American		Native Hawaiian or Other Pacific Islander		White	
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Please select your ethnicity:

Cuban		Mexican		Puerto Rican		South or Central American		Other Spanish culture or origin	
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How many people live in your house in the following groups: (please write the number in the box)

Homeless		Physically Disabled		Abuse Victims		Mentally Disabled		People with Chronic Illness	
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Household Composition:

Two Parent Home		Senior(s) Raising Grandchildren		Single Parent		Single Adult		Senior Living Alone	
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Citizen/ Non-Citizen:

Citizen Non-Citizen

Client Signature (client must be present for initial interview and food assistance)

Date

Name of Authorized Representative: <small>(name of person to act on their behalf)</small>	Authorized Representatives Address or Phone:
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Household is INELIGIBLE: (Explain the reason for ineligibility in the “comments” box below.)

Comments:

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Household is ELIGIBLE based on:

Low Income		SNAP	
SSI		Medicaid	
NSLP		Temporary Crisis	

Agency Staff Signature: _____ **Revisit this form on:** _____