

Human Services Food Pantry Intake Form

Client must be present for initial interview and food assistance

Please answer all questions so that we may serve you better. This information will not be shared with any other outside agency or entity other than the Human Services Food Pantry for reporting purposes.

CLIENT DOCUMENTATION

Date of Birth: _____

Date of Intake: _____

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

Household Information:

| | |
|-----------------------------|--|
| Your Name / Student ID | |
| Address | |
| City / State / Zip / County | |
| Phone / E-Mail | |

Select all that apply:

| | | | | | |
|---------|--|--------------|--|------|--|
| Veteran | | Foster Youth | | EOPS | |
|---------|--|--------------|--|------|--|

Gender:

| | | | |
|------|--|--------|--|
| Male | | Female | |
|------|--|--------|--|

Are you?

| | | | | | | | | | | | |
|------------------|--|-------|--|-----------|--|----------|--|-----------------|--|-------|--|
| African American | | Asian | | Caucasian | | Hispanic | | Native American | | Other | |
|------------------|--|-------|--|-----------|--|----------|--|-----------------|--|-------|--|

How many people live in your household in the following age groups? Please write the number in the box:

| | | | | | |
|-------------------|--|---------------|--|-------------------|--|
| Infant - 17 years | | 18 - 64 years | | 65 years and over | |
|-------------------|--|---------------|--|-------------------|--|

Does your family receive any type of assistance? Select all that apply:

| | | | |
|--|--|--------------------|--|
| Temporary Assistance to Needy Families (TANF / AFDC) | | SNAP (Food Stamps) | |
| SSI | | Medicaid / MediCal | |
| CHIP | | WIC | |

The Total Gross Income before deductions of all household members:

| | | | | | |
|----------|----|--|-----------|----|--|
| Per Year | \$ | | Per Month | \$ | |
|----------|----|--|-----------|----|--|

Are you currently a full-time student enrolled in RCCD? Yes No

| | | | |
|-------------------------|--|-----------------|--|
| Number of years in RCCD | | Program / Major | |
|-------------------------|--|-----------------|--|

I certify that I am a member of the household listed above and, that on behalf of this household, I have applied for the Human Services Food Pantry. I certify that all information regarding my household is true to the best of my knowledge.

Client Signature

Date

I optionally designate the following person as an authorized representative of my household and certify that their information is correct to the best of my knowledge. Authorized representative is able to pick up product for client three (3) times or until re-certification is necessary.

| | |
|---|--|
| Name of Authorized Representative: | Authorized Representatives Contact Information: |
| | |

Human Services Food Pantry Liability and Code of Conduct

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

(Please read carefully. Any questions you may have can be directed at a food pantry staff member)

- You understand that this food pantry is to be used as an emergency resource only and is meant to supplement other assistance or resources you may receive.
- Food is provided on a FIRST COME, FIRST SERVED basis and I relinquish the Moreno Valley City College and the Human Services Food Pantry of all liability of any nature whatsoever and accept the food "AS IS" and at my own risk.
- There is no guarantee to the amount or type of food product given and there will be no substitutions made.
- You will not sell the food or non-food products or exchange / barter food or nonfood products for services.
- Inappropriate behavior such as profanity, 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 this food pantry.

Client Signature

Date

Staff Witness Signature

Date