



## CLIENT INFORMATION FORM

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Spouse or other adult(s) in household: \_\_\_\_\_

Email Address (optional) \_\_\_\_\_

Street Address \_\_\_\_\_ How long? \_\_\_\_\_

Town: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone (Home or Cell) \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Total No. in Household: \_\_\_\_\_ No. of Children 18 and under: \_\_\_\_\_

No. of Adults 19 – 59: \_\_\_\_\_ No. of Senior Citizens 60 and over: \_\_\_\_\_

Are you or any member of your household currently eligible for and/or receiving help from any of the following programs? (If so, please check every program which applies to your household.)

- |  |  |
|--|--|
| <input type="checkbox"/> Fuel Assistance                               | <input type="checkbox"/> Social Security |
| <input type="checkbox"/> Women, Infants & Children (WIC)               | <input type="checkbox"/> Medicaid        |
| <input type="checkbox"/> Food Stamps (SNAP)                            | <input type="checkbox"/> SSI             |
| <input type="checkbox"/> Temporary Assistance to Needy Families (TANF) | <input type="checkbox"/> Other           |

Name of any church, food pantry or other agency helping you: \_\_\_\_\_

Any dietary restrictions/allergies? \_\_\_\_\_

Type of ID Presented: \_\_\_\_\_ Verified by: \_\_\_\_\_  
(Example: Driver's License, Rent Stub, Electric Bill)

I hereby certify that the above information is true and accurate. I understand that food and items received at the KLS Community Food Pantry may not be sold or exchanged.

\_\_\_\_\_  
**Signature of Recipient**

\_\_\_\_\_  
**Date**

