



Goodwill Baptist Church Food Pantry
Client Intake Form

Client Information

First Name _____ Last Name _____

Address _____

County _____ City _____ State _____ Zip _____

Best Phone Number () _____

Household Information

Number of Household Members _____

List Names, ages and relationship to the client of household family members:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you receive any other assistance? _____Yes _____No

If "Yes" what type of assistance:

Supplemental Nutrition Assistance Program (SNAP) _____Yes _____No

Medicaid _____Yes _____No

Other Food Pantries _____Yes _____No If "Yes" where? _____

Food Pantry visits are allowed for a 6 month window, without interruption.

Dates of visit to our pantry:

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

- Food is limited and is provided until supplies are depleted. I understand that it is my decision to accept food from the pantry. I relinquish The Good Will Baptist Church Food Pantry from all liability of any nature whatsoever and accept the food at my own risk.
- There is no guarantee to the amount or type of food product given.
- I will not sell the food or non-food products or exchange /barter food or non-food products for services.
- Inappropriate behavior such as profanity, verbal abuse of staff or any other disruptive behavior is prohibited. Any such behavior will result in suspension or termination of your privilege at this food pantry.

CLIENT SIGNATURE _____ DATE _____

We do not discriminate on the basis of race, color, national origin, sex, age, or disability