



Freedom Pantry for Veterans
CLIENT INTAKE FORM

Client Certification _____

Client Re-Certification _____

Client Name: _____

Last 4 numbers of social security: _____ DOB: _____

Client Address: _____

City: _____ County: _____

State: _____ Zip: _____

Phone: (home) _____ (cell) _____

Veteran _____

Current Military Member _____

Household Info: List names, ages and relationships of household family members.

Total number of household members under age 18 _____

Total number of household members over age 18 _____

Total number of household members over age 65 _____

- You understand that this food pantry 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 SERVED basis and I relinquish Freedom Pantry for Veterans 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.
- 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, 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.

Freedom Pantry for Veterans **will not** share, sell, distribute your information.

CLIENT SIGNATURE: _____

Date: _____