

Date Form Completed: _____
 Reviewed By: _____
 Information Updated on: _____
 Reviewed By: _____

**PANTRY PROGRAM
 HOUSEHOLD REGISTRATION FORM**

Primary Household Contact: _____

Address: _____

Phone No: _____

Cell No: _____

Email Address: _____

Please list the total number of people in the household in the following age categories:

_____ 0 – 17 years of age
 _____ 18 – 59 years of age _____ 60+ yrs of age

First Names	Birthdates
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Employment status of working age adults in household:
 _____ Number EMPLOYED FULL-TIME
 _____ Number EMPLOYED PART-TIME
 _____ Number RETIRED

Check one of the following:
 _____ Household is receiving SNAP Benefits
 _____ Household is not eligible for Food Stamps

(Agency: Please provide CPFH Food Stamps HELPLINE contact information to Client. CALL 877-999-5964)

I understand that I am receiving this food at my own risk and will not hold the Central PA Food Bank or its member agency responsible for any reason for any food received through this food distribution program. I understand that there are no payments or donations required for the food. I agree that I will not sell or exchange for property or services any food that I receive.

With my signature, I confirm that all of the information recorded on this form is correct and that if I have any questions, they have been answered to my satisfaction.

 Please sign above.

ID VERIFIED: _____

DISTRIBUTION RECORD

YEAR: _____
 (Update Household Forms annually beginning July 1st)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
JUL																															
AUG																															
SEP																															
OCT																															
NOV																															
DEC																															
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FEB																															
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