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

PANTRY PROGRAM
HOUSEHOLD REGISTRATION FORM

Primary Household Contact: _____

Zip Code: _____

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 CPFB 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.

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																																
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CENTRAL PENNSYLVANIA FOOD BANK
No One Should Be Hungry
MEMBER OF FEEDING AMERICA
MEMBER OF FEEDING PENNSYLVANIA