

**Sudbury Community Food Pantry  
Registration Form**

Date Registered \_\_\_\_\_ Client # \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Address Verified \_\_\_\_ Date of Birth Verified \_\_\_\_

Additional Family Members: Name Date of Birth Relationship

Name	Date of Birth	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Number over 65 \_\_\_\_ Number under 18 \_\_\_\_ Number in household \_\_\_\_ Number of Veterans \_\_\_\_

I hereby certify that I or no other member of my household has registered with The Sudbury Community Food Pantry since July 3, 2012 and that all information given by me is true and correct to the best of my knowledge. I understand that if any of this information is false, I will be banned from this Food Pantry.

Signature of Client \_\_\_\_\_

Name of Interviewer \_\_\_\_\_

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**Information required for USDA Food**

If you receive any of these services or your gross income is below fuel assistance guidelines, you are eligible for USDA food. Check off boxes for services received.

WIC \_\_\_\_ Welfare \_\_\_\_ SSI \_\_\_\_ Fuel Assistant \_\_\_\_

Food Stamps \_\_\_\_ Vet's Aid \_\_\_\_ Head Start \_\_\_\_ AFDC \_\_\_\_

Does your gross income meet fuel assistance guidelines? \_\_\_\_

I hereby declare my eligibility for receipt of USDA food. \_\_\_\_\_  
(sign here)