



Office Use Only
Date Entered _____

2017 Client Registration Form

Date: _____

Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Email: _____ Ethnicity: _____

Number in Household: _____ Gender (Circle): Female Male

Proof of Residency (Circle One): Drivers License Mass ID Utility Bill Apartment Lease

Do you receive any of the following benefits (Circle which ones apply)

- | | | |
|---------|------------------|------------|
| WIC | Fuel Assistance | Head Start |
| Welfare | Food Stamps/SNAP | AFDA |
| SSI/SSD | Veteran's Aid | |

Other Household Members:

Name	Relationship	Gender (circle)	Date of Birth	Ethnicity
		M F		
		M F		
		M F		
		M F		
		M F		

Are you Disabled (circle): YES NO

Are you Employed (circle): YES NO

Explain: _____

Are you a Veteran (circle): YES NO

Annual Household Income (Please circle ONE):

0-34,000

44,501-55,000

65,401-74,850

34,001-44,500

55,001-65,400

More than 74,851

Client Contract:

By signing up with the Arlington Food Pantry you have agreed to follow these rules:

1. No cutting in line.
2. No saving spots in line. Bags or carts cannot be used to hold your place in line.
3. You must be respectful of other clients and volunteers at the pantry.
4. You may visit the Arlington Food Pantry once a week (Wednesday AM or PM) at Broadway and the last Saturday of the month at Marathon.

Clients who break these rules will lose Food Pantry privileges.

Signature: _____

Date: _____