



# Client Registration

FIRST NAME: \_\_\_\_\_ LAST: \_\_\_\_\_ DATE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ UNIT # \_\_\_\_\_

CITY: \_\_\_\_\_ IL ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**GENDER:** male female      **D.O.B. :** \_\_\_\_\_      **HOUSEHOLD TOTAL:** \_\_\_\_\_

**RACE/ETHNICITY:** White    Black / African American    Hispanic / Latino / Spanish    Asian / Pacific Islander  
American Indian / Alaskan Native      Middle East / North African    Other

**CURRENT EMPLOYMENT TYPE:**

full time at more than one job    part time at more than one job    self-employed  
Full time      part time      retired      post-secondary student      not working & actively looking  
Not working because homemaker/caregiver      not working because in school or job training      none  
Not working due to disability or poor health      Other

**Does anyone from the household currently receive Supplemental Nutrition Assistance Program (SNAP) or Food Stamp benefits?**    Yes    No

**If there are others living in the home, please include on the back of this form**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

\*\*\*\*\**For Office Use Only*\*\*\*\*\*

**Food Pantry Agent:** \_\_\_\_\_ **Address Verification** \_\_\_\_\_

**ID Printed** \_\_\_\_\_ **Data Entered** \_\_\_\_\_ **Visit Marked** \_\_\_\_\_ **Double Checked** \_\_\_\_\_ **To be Filed** \_\_\_\_\_



**OTHERS LIVING IN THE HOME**



**FIRST NAME:** \_\_\_\_\_ **LAST NAME:** \_\_\_\_\_

**D.O.B. :** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_ **AV\_\_ ID\_\_**

**RACE/ETHNICITY:** White Black/African American Hispanic/Latino/Spanish Asian/Pacific Islander  
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**FIRST NAME:** \_\_\_\_\_ **LAST NAME:** \_\_\_\_\_

**D.O.B. :** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_ **AV\_\_ ID\_\_**

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NOTES: