

**Pappy's Pantry Ministries, Inc.**  
INTAKE FORM

OFFICE USE / ID \_\_\_\_\_

TODAY'S DATE \_\_\_\_\_

NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBERS: \_\_\_\_\_

Total number of family members living in your household \_\_\_\_\_ Number of adults \_\_\_\_\_

Number of children: \_\_\_\_\_ Gender/ages: \_\_\_\_\_ Number of Seniors \_\_\_\_\_

Are you homeless? \_\_\_\_\_ Referred by \_\_\_\_\_

Are you or any member of your household disabled? \_\_\_\_\_

Is this your first time receiving food this year, from either this program or another? \_\_\_\_\_

Are you employed? \_\_\_\_\_ Hours worked per week? \_\_\_\_\_

Monthly household income? \_\_\_\_\_ (include total of all working adults in your household)

Are you aware of public benefit programs available to you? Yes No

If no, may we provide you with contact information for local programs and/or other pantries?

What public benefit programs do you participate in? \_\_\_\_\_  
(example – Medicaid, TANF, SNAP, unemployment, child care, etc.)

I certify that all information provided is true and accurate

\_\_\_\_\_  
**Sign / Date**

**Please check**

American Indian \_\_\_ Asian \_\_\_ African American \_\_\_ Hispanic \_\_\_ Bi-racial \_\_\_ Caucasian \_\_\_ Other \_\_\_

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Form of ID provided \_\_\_\_\_ / number \_\_\_\_\_

(ID MUST BE VALID – otherwise we cannot serve you)

*Social Security card is not an acceptable form of ID*

Served? Yes No. If no, explain below:

We do not discriminate based on sex, race, religion, disability, national origin, sexual orientation, age, or any other characteristic or status protected by Federal, State, or Local government.

