

# Freedom Pantry for Veterans

## CLIENT INTAKE FORM

Client Certification \_\_\_\_\_

Client Re-Certification \_\_\_\_\_

Client Name: \_\_\_\_\_

Last 4 numbers of social security: \_\_\_\_\_ DOB: \_\_\_\_\_ Client

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Veteran \_\_\_\_\_

Current Military Member \_\_\_\_\_

Household Info:

Total number of household members under age 18 \_\_\_\_\_

Total number of household members over age 18 \_\_\_\_\_

Total number of household members over age 65 \_\_\_\_\_

The undersigned client certifies that the information/answers provided are complete and true. You further agree to the following:

- You understand that this food pantry is to be used as an emergency resource only and is meant to supplement additional assistance or resources you may receive.
- Food is provided on a FIRST COME, FIRST SERVED basis and I relinquish Freedom Pantry for Veterans of all liability of any nature whatsoever and accept the food **"AS IS"** and at **my own risk**.
- There is no guarantee to the amount or type of food product given.
- You will **not sell** the food or non-food products or exchange/barter food or nonfood products for services.
- Inappropriate behavior such as profanity, verbal abuse of staff or any other disruptive behavior is prohibited. Any such behavior may result in the suspension or termination of your privileges at this food pantry.

We give **NO guarantees** and **No warranties** to electric wheelchairs or other non food items.

Please send with proof of ID and proof of MILITARY OR SERVICE STATUS TO [freedompantryforveterans@gmail.com](mailto:freedompantryforveterans@gmail.com)

CLIENT SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Freedom Pantry for Veterans will not share, sell, distribute your information