

**IST EMERGENCY FOOD PANTRY
INTAKE FORM**

ID Checked: _____ Type: _____
 Proof of Residence: _____
 Date Served: _____
 Amount of Food Provided: _____

Name: _____ Phone: _____

Address: _____ How long at this address: _____

City: _____ County: _____ Zip Code: _____

Total in household: _____ Adults: 18 - 54: _____ 55+: _____ Children 0 - 18: _____

NAMES OF THOSE IN HOUSEHOLD	RELATIONSHIP	BIRTHDATE	INCOME

Do you receive: SNAP _____ If yes, how much: _____ WIC _____ Indian Commodities _____

TOTAL HOUSEHOLD INCOME: _____ Circle One: Week Month Year

By signing below, I verify that the information provided is true and correct.

Signature _____ Date: _____

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Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
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- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

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