

Date of Intake: \_\_\_\_\_

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

City: \_\_\_\_\_ State: NY Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Welcome!**

**In order to provide you with the best service, please read the following statements:**

- You will not be turned away on your first visit because of a lack of identification, lack of referral or inability to prove address.
- You will not be asked to provide your Social Security number to receive food.
- If you are currently homeless or in a transitional/temporary housing situation, please let the staff/volunteer assisting you know that you may not be able to provide a current address.
- To assist all of those in need, this agency may limit the services they provide to a defined area and number of times per month you may return.

**Please list each person in your household**  
(\*use additional sheets if necessary)

First Name	Last Name	DOB	Type of ID (please list type given)	Eligibility verified
				○
				○
				○
				○
				○
				○
				○
				○
				○
				○

**For alternative eligibility verification, sign declaration below**

By signing below I declare that my income from all sources does not exceed 200% of the federal poverty level (listed on back) for my household size. I understand that these records will be held in confidence at this distribution site, but may be released to the New York State Office of General Service or the United State Department of Agriculture for review upon their request.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**To better assist you, please answer the following questions.**

**(These questions are optional and your answers will not affect your ability to receive services)**

1. Are you (or anyone in your house) receiving SNAP (formerly food stamps)? Yes  No
2. If you are not receiving SNAP, would you like additional information about SNAP or assistance with prescreening eligibility or application assistance? Yes  No
3. Do you have access to: Can opener  Stove  Refrigerator  Microwave

