

# Brockport Ecumenical Food Shelf Client Registration Form

## Client Information PLEASE PRINT

Today's Date: \_\_\_\_\_

\_\_\_\_\_  
Name of Applicant (Last) First Name M.I.

\_\_\_\_\_  
Street Address Apt # City Zip Code

\_\_\_\_\_  
Phone Number

For office use only:  
Photo ID \_\_\_\_\_ Proof of address \_\_\_\_\_

### Those Living in Household

Please list adults and children living in your household here. If an adult is living in the household for a short term (2 months or less) please let the check-in volunteer know. **If the adult is living in the household on a long-term basis (more than 2 months), proof of residence must be provided to receive food assistance for that adult EVERY VISIT.**

Full Name (Last, First)	Date of Birth	Relationship to applicant (spouse, child, grandchild, etc.)	Dis-abled	BC PofA
		APPLICANT		

Do you receive SNAP (food stamps)? YES NO If no, ask us if you need help to apply.

Anyone with food allergies in household? YES NO Anyone on gluten free diet? YES NO

**By signing below I verify that all the information I listed above is true to the best of my knowledge and the household members listed above are truly indeed part of my household. I am also aware that I am not to distribute the food I am given to anyone else or sell the food to anyone for any reason.**

\_\_\_\_\_  
Applicant Signature Date

This institution is an equal opportunity provider.  
Esta institución ofrece igualdad de oportunidades.