

CLIENT INTAKE FORM

<NAME OF FOOD BANK>

DATE OF 1st VISIT	
CLIENT ID	

FIRST ADULT							
NAME (Last, First)							
GENDER (M/F)		DATE OF BIRTH	DD		MM		YY
ADDRESS						APT.	
CITY				POSTAL CODE			
TELEPHONE				ID VERIFIED			

SECOND ADULT							
NAME (Last, First)							
GENDER (M/F)		DATE OF BIRTH	DD		MM		YY
ADDRESS						APT.	
CITY				POSTAL CODE			
TELEPHONE				ID VERIFIED			

DEPENDENTS OR OTHER OCCUPANTS				
NAME	GENDER (M/F)	DATE OF BIRTH (MM/DD/YY)	REL. TO FIRST ADULT (ABOVE)	ID √
1.				
2.				
3.				
4.				
5.				
6.				

****Proof of address must be shown for all members in the household ****

TOTAL HOUSEHOLD SIZE			
NO. OF ADULTS		NO. OF CHILDREN	

DIETARY RESTRICTIONS/SPECIAL DIETARY REQUIREMENTS	
NAME	RESTRICTIONS/REQUIREMENTS

Please list all dietary restrictions (religious, medical or otherwise) within the family.

