



NON-GOVERNMENT FOOD PROGRAM REGISTRATION FORM

Intake Information

Clients must be residents of the State of New Jersey

Date: _____ AGENCY NAME: _____ FOOD BANK: Community Food Bank of NJ
Name (Print): _____ Birthdate: _____

Street Address: _____ Town & Zip Code: _____

Phone #: _____ E-mail: _____

Number of adults in household: _____ Number of children under 18 in household: _____

QUALIFYING REASON (PLEASE CIRCLE)

1. **TANF (Temporary Assistance for Needy Families – Social Services Program)**
2. **SNAP/Food stamps - Ran out/insufficient Lost Stolen Not received**
3. **SSI (Supplemental Security Income) – NOT SOCIAL SECURITY**
4. **WIC (Women, Infants, and Children)**
5. **MEDICAID**
6. **LOW INCOME (185% of poverty)- SELF DECLARATION**
7. **DISASTER (Other – can be divorce, domestic violence, unusual expense, loss of employment, etc.)**

Please explain: _____

I am accepting a charitable donation of food and/or non-food items from the Agency listed above (“Agency”). I hereby relinquish Agency of all liability of any nature whatsoever and accept the food products “as is” and at my own risk. I will not sell food or non-food received or exchange/barter food or non-food received for services. Profanity, littering, verbal or physical abuse of staff or other neighbors and any other disruptive behavior is prohibited. I understand that any such behavior may result in the suspension or termination of my privileges at this Agency.

“I certify that my total yearly gross household income is at or below 185% of the poverty level, OR that my household participates in the program(s) that I have checked on this Food Program Registration Form. I will also notify Agency if there are changes to my income or qualifiers which may cause me to become ineligible for the food donation.”

CLIENT SIGNATURE _____ **DATE:** _____

Interviewer Name: _____

In accordance with its contract with the Food Bank listed above, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.