



Client Registration and Re-Validation Form Somerset County Mobile Food Bank Inc.

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First Name

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Last Name

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Street Address

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Apt #

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Zip

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Approved

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Date

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Do you use a local Food Pantry?

Yes

No

Has anyone in your house become unemployed in past year?

Yes

No

Does anyone receive SNAP (Food Stamps)?

Yes

No

Phone #

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How many Males?

How many Females?

How many disabled persons are in your household?

How many veterans are in the household

How many people live in your household?

Please list the **ages of every person** in your household:

Signature

Date

(Your signature attests that you meet the income qualifications for the food distribution.)