Client Registration Form

Approved by: _____

Somerset County Mobile Food Bank Inc.

Last 4 numbers on your pass card (to be filled in by Registrar): | | | | |

Last Name

First Name

Street Address

Apt # | | | | Zip | | | | |

Phone # | | | | | | | | | | |

How many people live in your household? | |

Please list the ages of every person in your household:

_____ _____

_____ _____ _____ _____ _____

_____ _____ _____ _____ _____

How many females? | |

How many males? | |

Does anyone receive SNAP (Food Stamps)? Yes | | No | |

Do you use a local Food Pantry? Yes | | No | |

Has anyone in your house become unemployed in past year? Yes | | No | |

How many veterans are in the household? | |

How many disabled persons are in your household? | |

Our household meets the financial eligibility found on the back of our schedule flyer _____

Signature