



MEADOWLANDS YMCA FOOD PANTRY INTAKE FORM

First Name _____ Last Name _____ Date Of Birth _____
Address _____
City _____ State _____ Zip _____ County _____
Email _____ Phone _____

HOUSEHOLD MEMBERS *must show proof they reside at the address listed above*

First Name _____ Last Name _____ Date Of Birth _____
Relationship _____ Diapers Needed *circle option* Yes No Diaper Size _____
First Name _____ Last Name _____ Date Of Birth _____
Relationship _____ Diapers Needed *circle option* Yes No Diaper Size _____
First Name _____ Last Name _____ Date Of Birth _____
Relationship _____ Diapers Needed *circle option* Yes No Diaper Size _____
First Name _____ Last Name _____ Date Of Birth _____
Relationship _____ Diapers Needed *circle option* Yes No Diaper Size _____
First Name _____ Last Name _____ Date Of Birth _____
Relationship _____ Diapers Needed *circle option* Yes No Diaper Size _____

QUALIFYING PROGRAMS *please check all that apply*

- TANF (Temporary Assistance for Needy Families)
- SNAP/Food Stamps
- SSI (Supplemental Security Income) - not social security
- WIC (Women, Infants, and Children)
- MEDICAID
- Low Income (185% of poverty)
- Disaster (other - domestic violence, loss of employment, etc)

DIETARY NEEDS *please check all that apply*

- Vegetarian
- Vegan
- Kosher
- Halal
- Diabetic
- Low Sodium
- Other - _____

I am accepting a charitable donation of food and non-food items from the Meadowlands YMCA Food Pantry. I hereby relinquish the Meadowlands YMCA of all liability of any nature whatsoever, and accept the products "as is" and at my own risk. I certify that my total yearly gross household income is at or below 185% of poverty, OR that my household participates in the program(s) that I have checked on this form.

Client Signature _____ Date _____

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

fax: (202) 690-7442
email: program.intake@usda.gov
mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

This institution is an equal opportunity provider.

OFFICE USE ONLY

New Client Recertification

Programs: TEFAP SFPP