

# Food Pantry Client Intake Form

## Personal Information

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First Name

Last Name

Date of Birth

Phone Number

Email Address

Street Address

City

State

ZIP Code

## Household Information

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Number of People in Household

Please list names, relationships, and ages of household members

## Income Information

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Primary Source(s) of Income

Monthly Household Income

## Dietary Restrictions & Preferences

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Allergies, dietary restrictions, or special requests

**Emergency Contact**

Name

Phone

Relationship

**Other Information**

Notes/Comments