Hancock County Food Pantry New Client Registration Form

Please fill out all the information below on this form before you get to the check-in desk. Please print carefully

The TOTAL GROSS INCOME of your entire household must be LESS than the amounts listed below (based on your household size) to qualify as a client.



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HEAD OF HOUSEHOLD:
FIRST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MIDDLE NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LAST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Number of People Living in Your Household: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YOUR CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YOUR STATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YOUR ZIP CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YOUR COUNTY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OPTIONAL INFO BELOW – NOT REQUIRED TO RECEIVE FOOD)

Number of people in the following age ranges living in your home:

 \_\_\_\_\_ # 0-5 \_\_\_\_\_ #6-17 \_\_\_\_\_#18-54 \_\_\_\_\_#55-59 \_\_\_\_\_#60-64 \_\_\_\_\_#65+

Number of Veterans in your home: \_\_\_\_\_\_\_\_ form updated 5/25