

ABC Food Pantry
PO Box 123
1098 Horace Drive
Whoville, ID 12345

Sample In-Take Form Only

English/Español

Name/Nombre _____ Date /Fecha _____

Address/Direccion _____ County/Condado _____

Homeless? / ¿Sin hogar? Yes/Si ___ No ___ * Phone/Teléfono _____

Name/ Nombre	Age/Edad	Name/Nombre	Age/Edad
1. _____		6. _____	
2. _____		7. _____	
3. _____		8. _____	
4. _____		9. _____	
5. _____		10. _____	

Do you receive food stamps? / ¿Recibe stampillas de alimento? Yes/ Si ___ No ___ **

Signature/ Firma _____ Date/ Fecha _____

*If they do not have a place to live, you will want to provide food that can be easily eaten without stove, oven, or refrigerator. You may also need to provide items with pop-tops, or that could be heated in a microwave, this would of course depend on if they can get connected to a gas station or facility with a microwave.

**If they are not receiving food stamps, they may qualify. Inform them that food stamps are available. An in-take form is to access what other services may be available to them.