

Date Form Completed: \_\_\_\_\_  
 Reviewed By: \_\_\_\_\_  
 Information Updated on: \_\_\_\_\_  
 Reviewed By: \_\_\_\_\_

**PANTRY PROGRAM  
 HOUSEHOLD REGISTRATION FORM**

Primary Household Contact: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Phone No: \_\_\_\_\_

Cell No: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please list the total number of people in the household in the following age categories:

\_\_\_\_\_ 0 – 17 years of age  
 \_\_\_\_\_ 18 – 59 years of age  
 \_\_\_\_\_ 60+ yrs of age

First Names	Birthdates
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**ID VERIFIED:** \_\_\_\_\_

**DISTRIBUTION RECORD**

(Update Household Forms annually beginning July 1<sup>st</sup>)

Employment status of working age adults in household:

\_\_\_\_\_ Number EMPLOYED FULL-TIME  
 \_\_\_\_\_ Number EMPLOYED PART-TIME  
 \_\_\_\_\_ Number RETIRED

Check one of the following:

\_\_\_\_\_ Household is receiving SNAP Benefits  
 \_\_\_\_\_ Household is not eligible for Food Stamps

**(Agency: Please provide CPFH Food Stamps HELPLINE contact information to Client. CALL 877-999-5964)**

*I understand that I am receiving this food at my own risk and will not hold the Central PA Food Bank or its member agency responsible for any reason for any food received through this food distribution program. I understand that there are no payments or donations required for the food. I agree that I will not sell or exchange for property or services any food that I receive.*

*With my signature, I confirm that all of the information recorded on this form is correct and that if I have any questions, they have been answered to my satisfaction.*

\_\_\_\_\_  
 Please sign above.

No One Should Be Hungry

YEAR: \_\_\_\_\_

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	MEM	25	26	27	28	29	30	31	
JUL																																	
AUG																																	
SEP																																	
OCT																																	
NOV																																	
DEC																																	
JAN																																	
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