Revie Infor	Date Form Completed: Reviewed By: Information Updated on: Reviewed By:														PANTRY PROGRAM HOUSEHOLD REGISTRATION FORM																	
	Primary Household Contact: Er															Employment status of working age adults in household: Number EMPLOYED FULL-TIME Number EMPLOYED PART-TIME Number RETIRED																
Phon																Check one of the following:  Household is receiving SNAP Benefits  Household is not eligible for Food Stamps																
Cell N	Cell No:															(Ag	(Agency: Please provide CPFB Food Stamps HELPLINE contact information to Client. CALL 877-999-5964)															
Pleas	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														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.																	
	DISTRIBUTION RECORD (Update Household Forms annually beginning July 1st)														16	2 (	5	h	21		1	B	e	'EAF	£:	ın		m	_			
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