



Self-Declaration Client Eligibility Form

Name:		
City:		
County:		
Number of People in Household:		FNS (food stamps) – <input type="checkbox"/> yes <input type="checkbox"/> no

I understand that this organization exists to provide food assistance to people and families who really need that help. By accessing help from the pantry I affirm that my household genuinely needs food assistance. Please provide signature and date for each visit to the pantry.

_____ (Client Signature) _____ (Date)

Authorized Representative:	
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_____ (Client Signature)	_____ (Date)
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