



Family Intake Application

Household Members

Please list all household members.

Name (First, MI, Last)	Gender	Race	Disabled (Circle One)	Veteran (Circle One)	Date of Birth	Relationship to Primary
			Yes/No	Yes/No	__/__/__	SELF
			Yes/No	Yes/No	__/__/__	
			Yes/No	Yes/No	__/__/__	
			Yes/No	Yes/No	__/__/__	
			Yes/No	Yes/No	__/__/__	
			Yes/No	Yes/No	__/__/__	
			Yes/No	Yes/No	__/__/__	
			Yes/No	Yes/No	__/__/__	
			Yes/No	Yes/No	__/__/__	
			Yes/No	Yes/No	__/__/__	
			Yes/No	Yes/No	__/__/__	
			Yes/No	Yes/No	__/__/__	
			Yes/No	Yes/No	__/__/__	
			Yes/No	Yes/No	__/__/__	

(Data Obtained is used for demographic purposes and fund raising, no personal information is released to the public.)

Contact Information

- Street Address: _____
- City: _____
- State: _____
- Zip Code: _____
- County: _____
- Phone Number: _____

OFFICE USE ONLY

- Date of First Visit: _____
- Policy Signed: Yes ☐ No ☐
- Homeless: Yes ☐ No ☐
- Reviewed By (Staff Initials): _____

FIVE N TWO FOOD PANTRY INFORMATION AND POLICIES

1. Five N Two Food Pantry **DOES NOT DISCRINATE** based on race, gender, religion, sexual orientation, or economic status. Certain demographic information is requested for grant purposes; no personal information is ever shared with anyone other than demographics on families.
2. We Serve **HARNETT COUNTY** residents **ONLY**.
3. Please present your **ID** at each visit, if requested by staff, it helps us locate your account quickly.
4. Registration is based on address not households, there is only **ONE BOX** per **ADDRESS**. All household members at your address must be listed on the same account.
5. Five N Two does post photos on social media, no photos of clients will ever be posted without their consent.
6. Outbursts of any kind **WILL NOT** be tolerated, this includes vulgar language, being rude to staff or other clients, or threats or physical harm to others. **YOU WILL BE ASKED TO NOT RETURN**.
7. Dumping Trash in the dumpsters or on the property of the Food Pantry will result in **LEGAL ACTION**.
8. **YOU MUST** provide Proof of address for all members listed on your account at the request of staff; this ensures we keep everyone's accounts up to date as needed.
9. **Signing this application means that you agree to all the rules and policies listed above.**

Acceptable Items for Proof of Address

- A. Picture ID with Correct Address.
 - B. Current Insurance/Medicaid Card with Correct Address.
 - C. Current Bill (within 30 Days) Utility, Medical, Insurance).
 - D. Official Mail (Government issued, ex: DSS, SNAP, IRS) sent within 30 days.
 - E. School Records with correct address
 - F. Shot Records with correct address
 - G. Birth Certificate with correct address (for under 18)
 - H. Social Security Card with the mail slip still attached
 - I. Home School Records with the correct address
 - J. Current Lease with all residents listed
 - K. Homeless clients will be provided with an affidavit to sign as proof of address.
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Client Signature: _____ Date: _____