**PLEASE PRINT CLEARLY & COMPLETE ALL SECTIONS TODAY’S DATE: \_\_\_\_\_\_\_\_\_\_\_\_**

Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt/Lot#\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Adults (18-64) \_\_\_\_\_\_\_ 65+ \_\_\_\_\_\_\_ in Household Children (0-17) in Household**: **\_\_\_\_\_\_\_\_** **Total in Household**: **\_\_\_\_\_\_\_\_\_\_**

Person Picking Up Groceries:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pick Up Site: Glencoe or Hutchinson Estimated Pick Up Time: \_\_\_\_\_\_\_\_\_\_

Please list additional household members by first, middle & last name, complete date of birth & age.

Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_Age:\_\_\_\_\_

Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_Age:\_\_\_\_\_

Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_Age:\_\_\_\_\_

Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_Age:\_\_\_\_\_

Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_Age:\_\_\_\_\_

Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_Age:\_\_\_\_\_

Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_Age:\_\_\_\_\_ Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_Age:\_\_\_\_\_ Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_Age:\_\_\_\_\_ Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_Age:\_\_\_\_\_

**What is the reason for your visit?** *This information will help us point you in the direction of additional support and is used for statistics only.*

Examples: \*No Food \*Bills \*Low Income \*Unemployed \*P/T Employment \*Cut in Hours \*One Income \*New Job \*Medical/Disability \*Migrant \*Seasonal Work \*Moved \*Homeless \*Ran out of SNAP \*Does not qualify for SNAP \*Retired \*Referral from Social Svs; Public Health, UCAP

**Data Collection Privacy Statement – Tennessen Warning Notice**: In using the services provided by McLeod Emergency Food Shelf (MEFS) you are protected by the MN Government Data Practices Act. Information about you and listed household members is kept confidential, used to tell you apart from other persons, used to decide if you can receive services, and only shared with other agencies that may be of help in your current situation. All records of your visits are available through MEFS and may be explained to you upon request. Corrections, objections, and /or complaints may be submitted to the MEFS Executive Director. Abuse of MEFS goods and services may result in discontinued use of additional services by MEFS. Statement to expire one (1) year from date.

**Client Certification:**

1. I acknowledge the above information about myself and household members to be complete and true. I understand that deliberate lying or false information will disqualify me from further service at MEFS.
2. I accept the good provided by MEFS “AS IS”.
3. I release MEFS, its donors, and purchasing agencies, from any liability resulting from the condition of the food and further agree to indemnify and hold MEFS, its donors and purchasing agencies, free and harmless against any and all liabilities, damages, losses, claims, causes of action and suits of law, or inequity or any obligation whatsoever arising out of or attributed to any obligation of personnel in connection with collection, storage, distribution, handling, consumption, and use or other disposition of the donated food.
4. I will not sell or offer said food/goods for sale.

**Applicant/Proxy Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Staff Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_Glencoe \_\_\_\_\_\_\_Hutchinson**

**Distribution Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_lbs.**