TODAY'S DATE_____

2018/2019 LVCAP

CONFIDENTIAL FOOD PANTRY REGISTRTION

Name:_____

Home Address:_____

_____

Phone Numbers: (H)_____

(C)_____

Email:_____

Please Circle One:

New Client

Re-registering (circle year)

2018/2019

2019/2020

2020/2021

2021/2022

Please note: NEW proof of residence requirements require a valid NJ driver's license or NJ state picture ID AND current utility or credit card bill with address (including apartment number)

ID type provided:_____

Verified by:_____

ADULT FAMILY MEMBERS:

ALL adults in the household:

Name:_____Age:__18-26 __27-45 __ 46-64 __65 or over

Name:_____Age:__18-26 __27-45 __ 46-64 __65 or over

Name:_____Age:__18-26 __27-45 __ 46-64 __65 or over

Name:_____Age:__18-26 __27-45 __ 46-64 __65 or over

Children in the household (infant through grade 12):

First Name:_____Age:__0-4yr__5-10yr __ 11-13 yr__14-17yr

First Name:_____Age:__0-4yr__5-10yr __ 11-13 yr__14-17yr

First Name:_____Age:__0-4yr__5-10yr __ 11-13 yr__14-17yr

First Name:_____Age:__0-4yr__5-10yr __ 11-13 yr__14-17yr

First Name:_____Age:__0-4yr__5-10yr __ 11-13 yr__14-17yr

First Name:_____Age:__0-4yr__5-10yr __ 11-13 yr__14-17yr

Referred by:_____