



**2020/2021 LV CAP  
CONFIDENTIAL FOOD PANTRY REGISTRATION**

Client Number: \_\_\_\_\_

Date Registered: \_\_\_\_\_

**Please Circle One:**

**New Client**

**Re-registering (circle year)**

**2020/2021**

**2021/2022**

**2022/2023**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: (C) \_\_\_\_\_ (H) \_\_\_\_\_

Email: \_\_\_\_\_

**Please note: Proof of residence requirements require a valid NJ driver's license/NJ state picture ID or a current utility or credit card bill with address, including apartment number.**

ID Type provided: \_\_\_\_\_ Verified by: \_\_\_\_\_

**FAMILY MEMBERS: ALL adults in the household (including registrant):**

Name: \_\_\_\_\_ Age:  18-26  27-45  46-64  65 or over

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**Children in the household (infant through grade 12):**

**Child's Birthday**

**School**

**Grade**

Month/Year

(OFR/KF/C/WMC)

Name: \_\_\_\_\_ Male  Female  \_\_\_\_\_/\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Name: \_\_\_\_\_ Male  Female  \_\_\_\_\_/\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Name: \_\_\_\_\_ Male  Female  \_\_\_\_\_/\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Name: \_\_\_\_\_ Male  Female  \_\_\_\_\_/\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Name: \_\_\_\_\_ Male  Female  \_\_\_\_\_/\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Referred by: \_\_\_\_\_