



**2019/2020 LV CAP
CONFIDENTIAL FOOD PANTRY REGISTRATION**

Client Number: _____

Date Registered: _____

Please Circle One:

New Client

Re-registering (circle year)

2019/2020

2020/2021

2021/2022

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 <input type="checkbox"/>	Female <input type="checkbox"/>	_____/____	_____	_____
Name: _____	Male <input type="checkbox"/>	Female <input type="checkbox"/>	_____/____	_____	_____
Name: _____	Male <input type="checkbox"/>	Female <input type="checkbox"/>	_____/____	_____	_____
Name: _____	Male <input type="checkbox"/>	Female <input type="checkbox"/>	_____/____	_____	_____
Name: _____	Male <input type="checkbox"/>	Female <input type="checkbox"/>	_____/____	_____	_____

Referred by: _____