
DEERFIELD VALLEY FOOD PANTRY

INTAKE FORM

Name(s): _____ **Phone:** _____

911 Address (Street and Town):

Mailing Address: _____

Names (LAST, FIRST) of people in your household (YEAR of birth if school age):

How many people in your household are under 18 years of age? _____

How many people in your household are 65 years of age or older? _____

Is anyone in your household employed? Yes/No

How did you learn about the Deerfield Valley Food Pantry?

All information gathered by the Deerfield Valley Food Pantry is held in confidence, but is used for statistical purposes. In rare circumstances, however, we may be asked to share client demographic information with local service agencies.

Do we have your permission to share your information? Yes/No