

# Food Pantry Council District 5 COMING SOON!!

## Food Pantry Council District 5

A Food Pantry for Maple Hts., Council District 5 Residents that will primarily consist of non-perishable food items.

Residents of Maple Hts., Council District 5 may register and receive non-perishable food items if the following requirements are met:

1. Complete a Faith Community Client Intake Form
- 2.. Proof of residency in Maple Heights Council District 5
3. Proof of current enrollment in the **Supplemental Nutrition Assistance (SNAP)**

Premade bag of non-perishable food will be distributed to qualified recipients :

**WHERE:** Faith Community Church  
15650 Friend Ave  
Maple Heights, Ohio 44137

**WHEN:** Every 4th Saturday of the month  
12:30 p.m.—3:30 p.m.

Distribution will begin **June 27, 2015 @12:30 p.m.**

Council District 5 residents may register starting:

**Saturday, May 9, 2015**  
**12:30 p.m.— 3:30 p.m.**

and each Saturday thereafter until distribution begins on **June 27, 2015**. See Reverse side for **CLIENT INTAKE FORM**. Complete and return this document on the dates and time stated above. Please call the church @ 216-518-0520 if you have any questions.

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# Client Intake Form/PLEASE PRINT

DATE: \_\_\_\_\_

New Client Certification \_\_\_\_\_  
or Client Re-Certification \_\_\_\_\_

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

Last four numbers of social security: \_\_\_\_\_ DOB: \_\_\_\_\_

Client Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

**Household Info:**

List names, ages and relationships of household family members:

Name \_\_\_\_\_ DOB \_\_/\_\_/\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_/\_\_/\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_/\_\_/\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_/\_\_/\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_/\_\_/\_\_ Relationship \_\_\_\_\_

Total number of household members **under** age 18 \_\_\_\_\_

Total number of household members over age 18 \_\_\_\_\_

Total number of household members over age 65 \_\_\_\_\_

The undersigned client certifies that the information/answers provided are complete and true. You further agree to the following:

- You understand that this food pantry is meant to supplement additional assistance or resources you may receive.
- Food is provided on a FIRST COME, FIRST SERVED basis and I relinquish Faith Community Food Pantry and any other food distributor of all liability of any nature whatsoever and accept the food "AS IS" and at my own risk.
- There is no guarantee to the amount or type of food product given.
- You will not sell the food or non-food products or exchange/barter food or non-food products for services.
- Inappropriate behavior such as profanity, verbal abuse of staff or any other disruptive behavior is prohibited. Any such behavior may result in the suspension or termination of your privileges at this food pantry.

CLEINT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

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**FAITH COMMUNITY PANTRY USE ONLY**

\_\_\_\_\_  
**PANTRY INTAKE VOLUNTEER SIGNATURE**

\_\_\_\_\_  
**APPROVED: Y \_\_\_ N \_\_\_ DATE: \_\_\_\_\_**