

Family ID #: _____



Intake Case Management Form

Date: _____ Interviewed by: _____

Head of Household: _____ D.O.B.: _____

Last Name: _____ First Name: _____ Sex: _____

Address: _____ Apt/SP _____ City: _____ Zip Code: _____

Phone: _____ Social Security Card #: _____ Driver's License#: _____

Race #: _____ Income Source #/Amount: _____ Income Source #/Amount: _____

Single Single with Children Married Married with Children

Spouse/Partner: _____ D.O.B.: _____

Last Name: _____ First Name: _____ Sex: _____

Phone: _____ Social Security Card #: _____ Driver's License#: _____

Monthly Income Source #/Amount: _____/_____ Monthly Income Source #/Amount: _____/_____

(For Race # and Income Source # please see the categories on the second page)**

*******List ALL Members Living in Household (Even Multiple Families)*******

Dependent #1:

Last Name: _____ First Name: _____ Sex: _____

D.O.B.: _____ Social Security Card #: _____ Driver's License#: _____

Monthly Income Source #/Amount: _____/_____ Monthly Income Source #/Amount: _____/_____

Dependent #2:

Last Name: _____ First Name: _____ Sex: _____

D.O.B.: _____ Social Security Card #: _____ Driver's License#: _____

Monthly Income Source #/Amount: _____/_____ Monthly Income Source #/Amount: _____/_____

Dependent #3:

Last Name: _____ First Name: _____ Sex: _____

D.O.B.: _____ Social Security Card #: _____ Driver's License#: _____

Monthly Income Source #/Amount: _____/_____ Monthly Income Source #/Amount: _____/_____

Dependent #4:

Last Name: _____ First Name: _____ Sex: _____

D.O.B.: _____ Social Security Card #: _____ Driver's License#: _____

Income Source #/Amount: _____ Income Source #/Amount: _____

Dependent #5:

Last Name: _____ First Name: _____ Sex: _____

D.O.B.: _____ Social Security Card #: _____ Driver's License#: _____

Monthly Income Source #/Amount: _____/_____ Monthly Income Source #/Amount: _____/_____

Dependent #6:

Last Name: _____ First Name: _____ Sex: _____

D.O.B.: _____ Social Security Card #: _____ Driver's License#: _____

Monthly Income Source #/Amount: _____/_____ Monthly Income Source #/Amount: _____/_____

Dependent #7:

Last Name: _____ First Name: _____ Sex: _____
D.O.B.: _____ Social Security Card #: _____ Driver's License#: _____
Monthly Income Source #/Amount: ____/____ Monthly Income Source #/Amount: ____/____

Dependent #8:

Last Name: _____ First Name: _____ Sex: _____
D.O.B.: _____ Social Security Card #: _____ Driver's License#: _____
Monthly Income Source #/Amount: ____/____ Monthly Income Source #/Amount: ____/____

Dependent #9:

Last Name: _____ First Name: _____ Sex: _____
D.O.B.: _____ Social Security Card #: _____ Driver's License#: _____
Monthly Income Source #/Amount: ____/____ Monthly Income Source #/Amount: ____/____

Dependent #10:

Last Name: _____ First Name: _____ Sex: _____
D.O.B.: _____ Social Security Card #: _____ Driver's License#: _____
Monthly Income Source #/Amount: ____/____ Monthly Income Source #/Amount: ____/____

Check "ALL" that apply:

- No Permanent Residence (NPR) Senior (60+) Disabled Female Head of Household Active Vet Inactive Vet
- Foster Grandparent AB109 Male Head of Household Domestic Violence Homeless/NPR Out of Work Section 8

List of Various SOURCES OF INCOME: (For all members over 18 years of age – even multiple families living in household)

- 1- Employed 2- Employed with Assistance 3- Disability 4- Unemployed 5- Self Employed 6- Social Security 7- Section 8
8- AFDC (Cash Aide) 9- SSI 10- Food Stamps 11- Alimony/Child Support 12- Annuities/Pensions 13-Other _____

****List of Various Races:**

- | | |
|--|---|
| 1- White | 11- Hispanic/Black/African American |
| 2- Black/African American | 12- Hispanic/Asian |
| 3- Asian | 13- Hispanic/American Indian/Alaskan Native |
| 4- American Indian / Alaskan Native | 14- Hispanic/Native Hawaiian/Other Pacific Islander |
| 5- Native Hawaiian/Other Pacific Islander | 15- Hispanic/American Indian/Alaskan Native & White |
| 6- Amer, Indian / Alaskan Native & White | 16- Hispanic/Asian & White |
| 7- Asian/White | 17- Hispanic/Black/African American/White |
| 8- Black/African American & White | 18- Hispanic/Black African American & White |
| 9- Amer. Indian / Alaskan Native - Black/African Amer. | 19- Other Multi-Race _____ |
| 10- Hispanic/White | |

Reason for Needing Emergency Assistance:

By signing below, I certify under penalty of perjury under the laws of the State of California that this information is true and correct.

Applicant Signature: _____ Date: _____

Applicant Print Name: _____



"Serving the Community Since 1965"

Clients: Rules and Regulations

I understand and accept the following terms:

1. You are eligible to receive food Assistance up to six (6) times per year and if over 60 years of age up to twelve (12) once approved.
2. The pantry hours are Monday-Thursday from 9:30am to 12:00pm. You must be here by 11:30am for food assistance and by or shortly before your appointment time for other assistance. If we are very busy some days, we reserve the right to close our doors early. We are closed most major holidays, Friday's and weekends and we may close the doors early if we are out of food. In the future the pantry may only be open 3-4 days per week for our clients.
3. If the pantry doors are opened prior to 9:30am to allow the clients to wait inside versus outside, then the client must not ask questions or disrupt the staff and/or volunteers during their morning duties. Obey and follow all posted signs and the directions of the staff and/or volunteers when you come into the pantry.
4. You must pick up and sign for your own food. If a care taker or family member must pick up food for a client who is disabled or unable then the family member or caretaker must have the Pantry Family ID card and a copy of the client's ID. Pantry director must approve this situation.
5. No Cell Phones or any electronics, Eating, Drinking, Smoking, Loitering or Littering will be allowed in or around the pantry location. **There are no public restrooms for customers use** and you are not allowed to ask other tenants around the pantry location to use their restrooms or facilities.
6. If any client is caught stealing, falsifying or lying on forms and applications, soliciting other tenants on the property for restroom use or for food, or trying to duplicate services the client(s) will be warned and may lose their privileges'.
7. Clients are expected to behave at all times while in and around the pantry facility. The Community Pantry has adopted a "Zero Tolerance" policy regarding violence, physical force, harassment, use of profanity, intimidation and verbal abuse towards any staff member or volunteer(s) at our facility, or suspected of being under the influence of drugs or alcohol may result in a loss of services provided by the pantry.
8. **If any of the above is displayed, we reserve the right to refuse service at any time, the client(s) or family member(s) will be asked to leave and they may lose their privileges at the pantry indefinitely. Any client(s) or family members who have lost their privileges cannot receive any future services without written approval from the pantry director.**
9. Clients may receive a Client ID card which will be used in conjunction with their official State ID or Driver's License cards. If the card is lost or stolen, then the client will be charged **\$5.00 for a replacement card. X _____ Initial. Please initial stating you understand this policy.**
10. No animals are allowed in the pantry at any time except for certified service animals.
11. Every year starting in December all clients will need to re-register for the following year. We will notify you in advance of the re-registration dates via the website or posting of signs in the pantry. Please be advised that no food or other services will be provided to the client until all registration forms and paperwork verifications have been completed and approved by the Community Pantry. **NO EXCEPTIONS!** Clients must notify the Community Pantry when they have a change of address, phone number, income level or family size to re-qualify for assistance. Failure to notify the pantry of any changes may result in a loss of services provided by the pantry.
12. **Please remember all staff and volunteers are trying to help! Our goal is to process every client with respect and dignity and as fast as possible. Please treat them with courtesy and respect at all times and under all circumstances – No Exceptions. Thank you!**
13. Program benefits are provided on a per-household basis. "Household" includes all persons living in the same "home" or "residence" who are benefitting from the service(s) provided by the Community Pantry. Persons included in the "household" consist of those who are: related by birth, marriage or adoption, common-law partner or any other relationship which would, under reasonable circumstances, be assumed to be part of the household.
14. The Community Pantry provides items that, at the time of receipt of distribution, are unspoiled and free from contaminants. I (we) understand that it is my (the clients) responsibility to carefully examine and inspect each item and package. It is my (client) responsibility to refrigerate and properly store and otherwise properly care for all items I have received. The undersigned, and all other adult members and the minor children what I have noted on the intake application (as their parent or legal guardian), hereby remise, release, and forever discharge the Community Pantry, Board of Directors, employees, volunteers, participating businesses, sponsors, heirs, donors, assigns, executors, and administrators from all actions, causes of action, claims and demands whatsoever, whether or not well founded in fact or law, and from all suits, debts, dues, sums of money, accounts, reckonings, notes (or bonds), bills, specialties, covenants, contracts, controversies, agreements, promises, trespasses, damages, judgments, executions, claims and demands whatsoever, at law or in equity that the undersigned ever had, now has, ever will have, or that his/hers heirs, executors or administrators hereafter may have against the party hereby released by reason of any matter, cause or thing whatsoever up to and including the date of this release ad infinitum. It is the specific intent and purpose of this instrument to release and discharge any and all claims and causes of action of any kind or nature whatsoever, whether known or unknown and whether specifically mentioned or not, which may exist or might be claimed to exist at or prior to the date of this instrument and the undersigned specifically waives any claim or right to assert that any cause or alleged caused of action or claim or demand has been, through oversight or error or intentionally or unintentionally, omitted from this release.
15. I hereby state I am in an emergency situation at this time; all information I have given to the Community Pantry I certify under penalty of perjury under the laws of the State of California that this information is true and correct

Applicant Signature: _____

Date: _____

Applicant Print Name: _____

rev: 2/13/21