

HARTLAND AREA FOOD PANTRY  
REGISTRATION FORM

Dear Client:

It is the goal of the Hartland Area Food Pantry to provide temporary and emergency food assistance for the citizens of the Arrowhead School District. We want to ensure that no one in our community lacks sufficient and nutritional food.

We will provide food to you as necessary in your particular situation. You may visit the Food Pantry 2 times per month. If you require on-going assistance, you will need to provide us with proof of need after 4 months.

To help us determine your needs, we are asking you to fill in the following information. Please return it today or by your next visit. Amounts of food are given according to the number of the people in your family. If all information is not completed, you will receive groceries for 2 people only until all ID numbers and other information is completed.

Head of Household: \_\_\_\_\_  
Last name First name Middle initial

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

City: \_\_\_\_\_ Last 4 digits SSN: \_\_\_\_\_

Spouse/ Partner's Name: \_\_\_\_\_ Last 4 digits SSN: \_\_\_\_\_

List all of the names, ages, date of birth, gender and Social Security Numbers or Green Card numbers of everyone in your household. You will need to show ID cards for each member of your family.

Full Name	Age	DOB	M or F	Last 4 digit SSN or ID number
_____				
_____				
_____				
_____				
_____				
_____				

Is your need ( ) short term (up to 4 months) or ( ) long term (more than 8 visits per year)?

Why do you need assistance? \_\_\_\_\_  
\_\_\_\_\_

Do you receive other assistance ( ) Food Stamps ( ) Energy Assistance ( ) Other, please explain

\_\_\_\_\_

Date Received: \_\_\_\_\_ Date Approved: \_\_\_\_\_ HAFP Initials: \_\_\_\_\_