

BURIN AREA FOOD PANTRY INC

PATRON INTAKE FORM

Name _____ DOB _____ MCP _____

Name _____ DOB _____ MCP _____

Residential Address _____

Housing Type: Own Home Renting (private) Renting (NLHC) Family/Friend

Marital Status: Single Married Common Law Widowed Divorced Separated

Do you or any household member self identify as a person with a disability? Yes No

If you are comfortable sharing what is your racial identity? _____

Telephone: #1 _____ #2 _____

Children:

- 1. _____ DOB _____ MCP _____
- 2. _____ DOB _____ MCP _____
- 3. _____ DOB _____ MCP _____

Other Persons living in home including adult children

- 1. _____ Relationship _____
- 2. _____ Relationship _____

Monthly Income Source:

- Employment Income CP Disability No Income Old Age Security
- Employment Insurance Social Assistance Private Pension
- Workers Compensation CPP Retirement Other _____

Allergies: _____

Comments: _____

May/24

