

**TOWN OF HINSDALE FOOD PANTRY**

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**INTAKE FORM**

DATE: \_\_\_\_\_ (to be completed at the time of each request)

NAME: \_\_\_\_\_  
                    Last                      First                      Middle                      Maiden

ADDRESS: \_\_\_\_\_  
                    Street / # / Apartment                      Town

MAILING ADDRESS: \_\_\_\_\_

HOW LONG AT THIS ADDRESS? \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

NAMES AND AGES OF ALL HOUSEHOLD MEMBERS:

\_\_\_\_\_  
\_\_\_\_\_

DO YOU CURRENTLY RECEIVE FOOD STAMPS: \_\_\_\_\_  
IF YES, WHAT IS YOUR MONTHLY ALLOTMENT:    AMOUNT: \$ \_\_\_\_\_

LIST ALL SOURCES AND AMOUNTS OF HOUSEHOLD'S EARNED AND UNEARNED INCOME. THIS INCLUDES:  
SS, SSI, SSDI, TANF, SUBSIDIES, CHILD SUPPORT, CASH, SAVINGS AND CHECKING ACCOUNTS:

\_\_\_\_\_  
\_\_\_\_\_

**I understand that this information is being provided to the Town of Hinsdale for demographic purposes.  
The Town of Hinsdale will keep this information confidential.**

\_\_\_\_\_  
SIGNATURE