

TOWN OF HINSDALE FOOD PANTRY

Phone #: 603-336-5710, ext. 18, Fax: 603-336-5711

Email: dleonard@hinsdalenh.org

INTAKE FORM

(to be completed at the time of each request)

DATE: _____

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